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107th Congress — 1st Session • January 3–December 20, 2001

# House Document

## No. 104

FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
JANUARY 1–DECEMBER 31, 2000
VOLUME 1 OF 3

## United States Congressional Serial Set

Serial Number 14710

United States Government Printing Office
Washington : 2003

107th Congress, 1st Session - - - - - - - - - - - - House Document 107–104

# FINANCIAL DISCLOSURE
# REPORTS
## OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

## January 1, 2000 to December 31, 2000

## COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO RULE XXVI, CLAUSE 1, OF THE HOUSE RULES

(Volume 1 of 3)

JULY 20, 2001.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

74–033 WASHINGTON : 2001

# FINANCIAL DISCLOSURE

# REPORTS

## OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

## January 1, 2000 to December 31, 2000

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THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO TITLE XXVI CLAUSE 1 OF THE HOUSE RULES

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July 20, 2001.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON : 2001

76-330

## LETTER OF SUBMITTAL

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OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
*Washington, DC, July 19, 2001.*

Hon. J. DENNIS HASTERT,
*The Speaker, The Capitol,*
*House of Representatives, Washington, DC.*

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended, 5 U.S.C. app. § 101–111 (1994), and the House Rule XXVI.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XXVI by May 15, 2001. The compilation includes reported financial transactions which occurred between January 1, 2000 and December 31, 2000.

House Rule XXVI provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With best wishes, I am

Sincerely,

JEFF TRANDAHL,
*Clerk, House of Representatives.*

Enclosures.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

RECEIVED
01 MAY 10 AM 10: 02
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(4)
MC

**HAND DELIVERED**
(Office Use Only)

NEIL ABERCROMBIE
(Full Name)

1502 LONGWORTH HOUSE BUILDING
(Mailing Address)

Daytime Telephone:
WASHINGTON, D.C. 20515 202-225-2726

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: HI District: 1st | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Neil Abercrombie | 5.10.01 |

| Name | Page 1 of 3 |
|---|---|
| Neil Abercrombie | |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of Hawaii | Legislative Pension | 24,361 |
| | Research Corporation of the University of Hawaii | Spouse Salary | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

Name Neil Abercrombie

Page 2 of 3

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | | Block B: Value of Asset | Block C: Type of Income | Block D: Amount of Income | Block E: Transaction |
|---|---|---|---|---|---|---|
| | | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| SP, DC, JT | SP Mega Corp. Stock | | F | DIVIDENDS: X | IV | P |
| | Simon & Schuster | | C (Indefinite) | Royalties | X | |
| | 1st Bank of Paducah, KY accounts | | F | INTEREST: X | IV | |
| | Univ.Hi. Credit Union | | D | INTEREST: X | III | |
| | Co-op Apartment. Makikis | | F | RENT: X | VI (gross); I (net) | |

*Examples:*

**For additional assets and unearned income, use next page.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Asbestos Litiga- G.Galiher/ tion Seminar | Jan. 29 | Honolulu-Maui-Honolulu | N | N | N | N |
| | CA. Assoc. of Letter Carrie | May26-27 | DC - San Fran-Honolulu | Y | N | N | N |
| | Glassmolders,Pottery,Plastic Union | Aug. 6-7 | Honolulu-LasVegas-Hono | Y | Y | N | N |
| | Washington State Labor Council | Aug 20-21 | LA - Seattle - LA | Y | N | N | N |
| | Internat'l. Assoc. of Machinists | Sept. 10 | DC - SanFrancisco- | N | N | N | N |
| | Graphics Communications International | Sept.10-11 | San Fran-LasVegas-DC | Y | N | N | N |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 25 PM 1:23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

ANIBAL ACEVEDO-VILA
(Full Name)

URB. TERRANOVA, F-13 CALLE 5
(Mailing Address)

(202)225-2615
Daytime Telephone:

GUYANABO, P.R. 00969

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: P.R. District: At Large | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

Office Use Only

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | May 14, 2001 |

5

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Commonwealth of Puerto Rico - House of Representatives | Salary | $46,000. |
| | I.B.M. Corp. | Spouse Salary | $30,906. |
| | Commonwealth of Puerto Rico - House of Representantives | Per Diem | $11,160. |

For payments to charity in lieu of honoraria, use Schedule II.

Name ANIBAL ACEVEDO-VILA



## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| SP | Mega Corp. Stock | X | X | | P |
| DC | Simon & Schuster | Indefinite | Royalties | X | |
| JT | 1st Bank of Paducah, KY accounts | X | X | X | |
| | COSVI | X | IRA | N/A | |
| | ORIENTAL TRUST | X | IRA | N/A | |
| SP | ORIENTAL TRUST | X | IRA | N/A | |
| | BANCO POPULAR | X | IRA | N/A | |
| SP | I.B.M. CORP. | X | Deferred Saving Plan | N/A | |
| | BANCO POPULAR | X | Savings Account | N/A | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ANIBAL ACEVEDO VILA



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Commonwealth of Puerto Rico | | | | | | | | | | | | | | | | | | | Retirement | | | | | N/A | | | | | | | |
| | ~~Public Employees Retirement Fund~~ | | | | X | | | | | | | | | | | | | | | Fund | | | | | N/A | | | | | | | |
| | Jefferson Pilot | | | | | | | | | | | | | | | | | | | Life Ins. | | | | | | | | | | | | |
| | Atlantic Southern | | | | X | | | | | | | | | | | | | | | Life Ins. | | | | | N/A | | | | | | | |

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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



01 MAY 15 PM 5:35
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC (Office Use Only) 12

Gary L. Ackerman
(Full Name)

2243 Rayburn Washington, DC 20515
(Mailing Address)

202-225-2601
Daytime Telephone:

**Filer Status** ☑ Member of the U.S. House of Representative State: NY District: 05 ☐ Officer Or Employee Employing Office:

**Report Type** ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☑ No ☐ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Gary L. Ackerman | 5-15-01 |

9

## SCHEDULE I - EARNED INCOME

Name Gary L. Ackerman



**List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.**

| Source | Type | Amount |
|---|---|---|
| Pride of Judea Mental Health Center/Jewish Board of Family and Children's Services | Spouse compensation | N/A |
| Spouse Private Practice | Spouse compensation | N/A |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Fidelity Magellan | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | |
| | News Communications, Inc., Common Stock | $250,001 - $500,000 | Capital Gains | NONE | |
| | IRA--Family Management Corp. | $50,001 - $100,000 | N/A | N/A | |
| | IRA--Nationwide | $15,001 - $50,000 | N/A | N/A | |
| SP | IRA--Nationwide | $15,001 - $50,000 | N/A | N/A | |
| | FM Multi-Strategy Inv. Limited Partnership | None | Capital Gains, Dividends, Interest | NONE | S |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Melrose Credit Union | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| ACB Publications (1/3 interest) | $15,001 - $50,000 | Capital Gains | NONE | |
| Multi-Media Advertising, Inc./Flushing Tribune, Inc. | $1,001 - $15,000 | (See agreements) | NONE | |
| Citibank (various) | $1 - $1,000 | Interest | $1 - $200 | |
| Collagenesis, Inc., stock | $15,001 - $50,000 | Capital Gains | NONE | |
| Pershing/Alliance Cash | $1,001 - $15,000 | Interest | $201 - $1,000 | |

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# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Congressional Federal Credit Union | $1,001 - $15,000 | Interest | NONE | |
| Oppenheimer Main St. Income & Growth C | $1,001 - $15,000 | Dividends and Interest | $1 - $200 | |
| Seligman Frontier Fund, Inc. Class D | $1,001 - $15,000 | Capital Gains, Dividends, Interest | NONE | |
| Cisco Systems Common Stock | None | Capital Gains | NONE | S |
| Diamonds Trust Unit Series I | $50,001 - $100,000 | Capital Gains | $1,001 - $2,500 | PS |
| SPDR Tr. Unit Series I | $50,001 - $100,000 | Capital Gains | $201 - $1,000 | PS |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman



| BLOCK A<br>Asset and/or Income Source<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>Year-End Value of Asset<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>Type of Income<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>Amount of Income<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>Transaction<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| The Internet Fund | $1,001 - $15,000 | Capital Gains | NONE | S |
| Kemper Government Securities Trust Unit | None | Capital Gains | $1 - $200 | S |
| NASDAQ 100, Shares | $1,001 - $15,000 | Capital Gains | NONE | P |
| Sector Spider Technology | $1,001 - $15,000 | Capital Gains | NONE | PS |
| BMC Software | $1,001 - $15,000 | Capital Gains | NONE | P |
| Sonus Networks, Inc. | $1,001 - $15,000 | Capital Gains | NONE | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| AOL Time Warner | $1,001 - $15,000 | Capital Gains | NONE | P |

## SCHEDULE IV - TRANSACTIONS

**Name** Gary L. Ackerman



**Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.**

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Cisco Systems Common Stock | S | 6/2/00, 11/30/00 | $1,001 - $15,000 |
| | Diamonds Trust Unit Series I | S | 9/18/00 | $1,001 - $15,000 |
| | Diamonds Trust Unit Series I | P | 2/18/00, 3/21/00, 4/20/00 | $15,001 - $50,000 |
| | SPDR Tr. Unit Series I | S | 6/29/00, 7/17/00 | $15,001 - $50,000 |
| | SPDR Tr. Unit Series I | P | 2/18/00, 3/21/00, 4/20/00 | $15,001 - $50,000 |
| | The Internet Fund | S | 2/24/00 | $1,001 - $15,000 |
| | Kemper Government Securities Trust Unit | S | Various dates | Under $1000 |
| | NASDAQ 100, Shares | P | 2/18/00, 4/20/00 | $1,001 - $15,000 |
| | BMC Software | P | 6/3/00, 9/20/00 | $1,001 - $15,000 |
| | Sonus Networks, Inc. | P | 6/29/00, 9/18/00 | $1,001 - $15,000 |
| | AOL Time Warner | P | 1/18/00 | $1,001 - $15,000 |
| | Sector Spider Technology | P | 2/7/00, 2/18/00, 3/21/00, 4/2/00 | $15,001 - $50,000 |

## SCHEDULE IV - TRANSACTIONS

Name Gary L. Ackerman



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Sector Spider Technology | S | 11/21/00 | $1,001 - $15,000 |
| | FM Multi-Strategy Inv. Limited Partnership | S | 1/12/00, 4/4/00 | $100,001 - $250,000 |

## SCHEDULE V - LIABILITIES

Name Gary L. Ackerman



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Milberg, Weiss, Bershad, Hynes & Lerach, LLP, Pension Plan | Loan secured by stock | $100,001 - $250,000 |
| | Various credit cards | Revolving credit | $15,001 - $50,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Gary L. Ackerman



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| The Congressional Program of the Aspen Institute, Washington, DC | Feb. 18-22 | New York, NY--San Juan, PR--New York, NY | Y | Y | Y | No |

# SCHEDULE IX - AGREEMENTS

**Name** Gary L. Ackerman



**Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.**

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 5/15/89 | Tribco/Queens Tribune/Multi-Media/Michael Schenkler | Gary L. Ackerman to continue to receive proportionate share of the assets, including the accounts receivable, of the Flushing Tribune, Inc., and Multi-Media, Inc., until all assets are paid. |

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U.S. HOUSE OF REPRESENTATIVES

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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees

Gary L. Ackerman
(Full Name)

2243 Rayburn Washington, DC 20515
(Mailing Address)

202-225-2601
Daytime Telephone:

**Filer Status** ☑ Member of the U.S. House of Representative — State: NY District: 05 ☐ Officer Or Employee — Employing Office:

**Report Type** ☐ Annual (May 15) ☑ Amendment ☐ Termination — Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☑ No ☐ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Gary Ackerman | 6/7/01 |

## SCHEDULE V - LIABILITIES

**Name** Gary L. Ackerman

**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Milberg, Weiss, Bershad, Hynes & Lerach, LLP, Pension Plan | Loan secured by stock | $100,001 - $250,000 |
| | Citibank | Checking Plus | $10,001 - $15,000 |
| | MBNA | Credit Card | $15,001 - $50,000 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

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2001 MAY 15 PM 6:02
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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

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MC

ROBERT BROWN ADERHOLT
(Full Name)

POST OFFICE BOX 323
(Mailing Address)

(202) 225-4876
Daytime Telephone

HALEYVILLE, AL 35565-0323

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Alabama District: 4th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Robert B. Aderholt | 5/15/2001 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| NAILFAST, INC. | | SALARY | $ 5,200 |

For payments to charity in lieu of honoraria, use Schedule II.

Name ROBERT BROWN ADERHOLT | Page 3 of 9

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| N/A | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ROBERT BROWN ADERHOLT

Page 4 of 9

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other: Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| SP | Mega Corp. Stock | | DIVIDENDS: X | | P |
| *Examples:* | Simon & Schuster | Indefinite | Royalties | X | |
| | 1st Bank of Paducah, KY accounts | F: X | INTEREST: X | | |
| | 1910 Graham St, RENTAL HOUSE-Montgomery,AL | E: X | RENT: X | VI: X | |
| | Hoggleridge 60 ACRES LAND-Haleyville,AL | D: X | QUALIFIED BLIND TRUST: Coal Royalties | I: X | |
| | Hwy 5 South COMMERCIAL BLDG-Haleyville,AL | G: X | RENT: X | VII: X | |
| | IRA-Traders&Farmers Bank | B: X | INTEREST: X | I: N/A | |
| | IRA-NY Life Securities,Inc. | E: X | DIVIDENDS: X | I: N/A | |
| | IRA-New York Life Insurance | B: X | INTEREST: X | I: N/A | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT BROWN ADERHOLT

Page 5 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Beaver Dam Farm, Inc. | | | X | | | | | | | | | | | | | | | | Farm Income | | | | | X | | | | | | | |
| | Congressional Fed Cred Un | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Congressional Fed Cred Un | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Community Bank | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Community Bank | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Traders & Farmers Bank | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| DC | Traders & Farmers Bank | | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Common Stock-Allied Signal | | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Common Stock-Glaxo Wellcome | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Common Stock-~~Telefonos DeMexico~~ | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | E |
| | Common Stock-~~Prime Cash Series~~ | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Common Stock-Alliance Cap. | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Common Stock-H&Q Hlthcare | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Common Stock-Ivax Corp. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Common Stock-VLSI Tech,Inc | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| JT | Common Stock-Navistar Int. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| JT | Common Stock-Honeywell Int | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Common Stock-~~Telefonos DeMexico(BNY)~~ | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | E |
| SP | 65 Acres Land-Greenbrier Farms | | | | | | X | | | | | | | | | | X | | | Farm Income | | | | | X | | | | | | | S |
| SP | 30 Acres Land (1/16 Int)-Huntsville | | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | | |
| | Common Stock-Dataram Corp | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | S |

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## SCHEDULE IV — TRANSACTIONS

Name ROBERT BROWN ADERHOLT | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Dataram Corporation New Common Stock (600 SH) | X | | | 2-22-00 | X | | | | | | | | | |
| | Dataram Corporation New Common Stock (600 SH) | | X | | 3-23-00 | X | | | | | | | | | |
| SP | Land Sale - Huntsville, Alabama | | X | | 1-01-00 | X | | | | | | | | | |
| | Stock Exchange - Telefonos DeMexico | | | X | 12-31-00 | X | | | | | | | | | |
| | Stock Exchange - Telefonos DeMexico (BNY) | | | X | 12-31-00 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Julious Brown Estate | Mortgage on 2nd Home Montgomery, AL(not principal residence) | | | X | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| N/A | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| Speak to Annual Board Meeting - North Mississippi Health Services | | Mar. 24-25 | Wash.,D.C.-Point Clear,AL-Wash.,D.C. | Y | Y | N | N |
| Governmental Affairs Conference-Business Council of Alabama | | Aug. 13-15 | Wash.,D.C.-Point Clear,AL-Wash.,D.C. | Y | N | Y | N |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Employee | NAILFAST, INC. |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |
| | | |
| | | |
| | | |
| | | |
| | | |

ROBERT B. ADERHOLT
4TH DISTRICT, ALABAMA

DISTRICT OFFICES

1710 ALABAMA AVENUE
247 FEDERAL BUILDING
JASPER, AL 35501
TELEPHONE: (205) 221-2310

102 FEDERAL BUILDING
CULLMAN, AL 35055
TELEPHONE: (256) 734-6043

107 FEDERAL BUILDING
GADSDEN, AL 35901
TELEPHONE: (256) 546-0201

Congress of the United States
House of Representatives

COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEES
VICE CHAIRMAN:
VA, HUD AND INDEPENDENT AGENCIES
TRANSPORTATION
MILITARY CONSTRUCTION

COMMISSION ON SECURITY AND
COOPERATION IN EUROPE

1433 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TELEPHONE: (202) 225-4876

June 12, 2001

INSIDE MAIL
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U.S. HOUSE OF REPRESENTATIVES
2
MC

The Honorable Jeff Trandahl
Clerk
United States House of Representatives
B106 Cannon HOB
Washington, D.C. 20515

Dear Mr. Trandahl:

I am writing this letter of clarification as a follow up to my financial disclosure statement for the calendar year 2000 dated May 15, 2001.

Enclosed you will find a copy of a letter I have received from my accountant, Michael Williams, CPA, of Birmingham, Alabama. I am hopeful that this letter will clarify the situation regarding the Honeywell Int'l common stock.

I apologize for any confusion regarding this item, and hope this letter clarifies the situation. If you have any questions, please do not hesitate to contact me. I will be happy to get any further information you may need.

Sincerely,

Robert B. Aderholt

Robert Aderholt
Member of Congress

RA:mb

INSIDE MAIL

MICHAEL R. WILLIAMS
CERTIFIED PUBLIC ACCOUNTANT
3237 LORNA ROAD
BIRMINGHAM, ALABAMA 35216-5403

TELEPHONE (205) 979-2926
FACSIMILE (205) 979-2950

LEGISLATIVE RESOURCE CENTER
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May 30, 2001

PERSONAL & CONFIDENTIAL

The Honorable Robert B. Aderholt
United States House of Representatives
1433 Longworth House Office Building
Washington, D.C. 20515

Dear ~~Congressman Aderholt~~ Robert:

I am writing this letter to clarify questions relative to your holding of Honeywell International Common Stock on your 2000 annual financial disclosure statement – Schedule III, page 5.

The listing of Honeywell International Common Stock, jointly held with your spouse, was inadvertently omitted from earlier disclosure statement filings since no dividends were declared or paid from the investment holding during those years. As a result, no FORM 1099 was issued. In 2000, a dividend was paid and FORM 1099 was issued, as required by the Internal Revenue Code, representing amount paid. It was only then discovered that this investment value had been an oversight and not listed in earlier reporting periods.

Should you have further questions, please let me know.

Very truly yours,

Michael

Michael R. Williams
Certified Public Accountant

MRW/ams

MEMBER OF THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
AND THE ALABAMA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 10 PM 4:14
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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

WILLIAM TODD AKIN
(Full Name)

305 CONWAY HILL RD.
(Mailing Address)

ST LOUIS, MO. 63141

Daytime Telephone (202) 225-2561

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: MO District: 2 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | [X] | [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | [ ] | [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | [X] | [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | [X] | [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | [ ] | [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | [ ] | [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | [ ] | [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | [X] | [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | [ ] | [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | [ ] | [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | [ ] | [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | W. Todd Akin | MAY 10, 2001 |

Name W. TODD AKIN | Page 2 of 6

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria: list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | STATE OF MISSOURI | SALARY | 30,631. |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name W TODD AKIN



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; ii $1 – $200; iii $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, or m |
| SP | SP Mega Corp Stock | | X | | P |
| DC, *Examples* | Simon & Schuster | Indefinite | | Royalties | |
| JT | 1st Bank of Paducah, KY accounts | X | X | X | |
| JT | MERRIL LYNCH RETIREMENT ANNUITY - QUALITY EQUITY | | | | |
| | IRA - AIM WEINGARTEN | | | | |
| | IRA - AIM WEINGARTEN | | | | |
| JT | EASTMAN KODAK | X | X | X | |
| JT | GENERAL MOTORS | X | X | X | |
| JT | GOODYEAR TIRE + RUBBER | X | X | X | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. TODD AKIN

Page 4 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | SEARS ROEBUCK | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| JT | ATT | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | CATERPILLAR | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | INTERNATIONAL PAPER | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | DUPONT | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | ATT | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | KODAK | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | GM | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| DC | GOOD YEAR | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| DC | INTERNATIONAL PAPER | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| DC | SEARS | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| DC | CAT | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| DC | PHILLIP MORRIS | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name W. TODD AKIN



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | EASTMAN KODAK | | X | | | X | | | | | | | | | |
| JT | GENERAL MOTORS | | X | | | X | | | | | | | | | |
| JT | SEARS ROEBUCK | | X | | | X | | | | | | | | | |
| JT | ATT | X | | | | X | | | | | | | | | |
| JT | CATERPILLAR | X | X | | | X | | | | | | | | | |
| JT | INTERNATIONAL PAPER | X | | | | X | | | | | | | | | |
| JT | DUPONT | X | | | | X | | | | | | | | | |
| DC | ATT | X | | | | X | | | | | | | | | |
| DC | KODAK | X | | | | X | | | | | | | | | |
| DC | GM | | X | | | | X | | | | | | | | |
| DC | GOODYEAR | X | | | | X | | | | | | | | | |
| DC | INTERNATIONAL PAPER | X | | | | X | | | | | | | | | |
| DC | SEARS | | X | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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| Name | W. TODD AKIN | Page 6 of 6 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| BOARD | MISSION GATE PRISON MINISTRY |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 2001 70-729 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

01 MAY 24 PM 1:23

(6)

WILLIAM TODD AKIN
(Full Name)

305 CONWAY HILL ROAD
(Mailing Address)

ST. LOUIS, MO 63141

Daytime Telephone (202) 225-2561

MC **HAND DELIVERED**
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State MO District 02 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [ ] Annual (May 15) | [X] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | W. Todd Akin | May 24, 2001 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | STATE OF MISSOURI | SALARY | 30,631 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. Todd Akin

Page 3 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | SEARS ROEBUCK | X | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| JT | ATT | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | CATERPILLAR | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | INTERNATIONAL PAPER | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | DUPONT | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | ATT | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | EASTMAN KODAK | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | GENERAL MOTORS | X | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| DC | GOOD YEAR TIRE & RUBBER | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| DC | INTERNATIONAL PAPER | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| DC | SEARS ROEBUCK | X | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| DC | CATERPILLAR | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| DC | PHILLIP MORRIS | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name W. Todd Akin



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | EASTMAN KODAK | | X | | 7-27-00 | X | | | | | | | | | |
| JT | GENERAL MOTORS | | X | | 7-27-00 | X | | | | | | | | | |
| JT | SEARS ROEBUCK | | X | | 7-27-00 | X | | | | | | | | | |
| JT | ATT | X | | | 7-27-00 | X | | | | | | | | | |
| JT | CATERPILLAR | X | | | 7-27-00 | X | | | | | | | | | |
| JT | CATERPILLAR | | X | | 9-25-00 | X | | | | | | | | | |
| JT | INTERNATIONAL PAPER | X | | | 7-27-00 | X | | | | | | | | | |
| JT | DUPONT | X | | | 7-27-00 | X | | | | | | | | | |
| DC | ATT | X | | | 10-20-00 | X | | | | | | | | | |
| DC | EASTMAN KODAK | X | | | 10-20-00 | X | | | | | | | | | |
| DC | GENERAL MOTORS | | X | | 10-20-00 | | X | | | | | | | | |
| DC | GOOD YEAR | X | | | 10-20-00 | X | | | | | | | | | |
| DC | INTERNATIONAL PAPER | X | | | 10-20-00 | X | | | | | | | | | |
| DC | SEARS ROEBUCK | | X | | 10-20-00 | | X | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| BOARD | MISSION GATE PRISON MINISTRY |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |

GPO: 2001 70-729 (mac)

**Use additional sheets if more space is required.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name W. Todd Akin

Page 6 of 6

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information on each asset, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000) | Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)) | Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000) | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|
| SP | Mega Corp Stock | X | | X | P |
| DC, Examples | Simon & Schuster | Indefinite | Royalties | X | |
| JT | 1st Bank of Paducah, KY accounts | X | X | X | |
| JT | MERRIL LYNCH RETIREMENT ANNUITY - QUALITY EQUITY | X | ANNUITY | X | |
| | IRA - AIM WEINGARTEN | X | X | IRA | X | |
| | IRA - AIM WEINGARTON | X | X | IRA | X | |
| JT | EASTMAN KODAK | X | X | X | X | |
| JT | GENERAL MOTORS | X | X | X | X | |
| JT | GOODYEAR TIRE & RUBBER | X | X | X | X | |

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

INSIDE MAIL

LEGISLATIVE RESOURCE CENTER
2001 JUN 13 AM 9:36
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(7)

MC

THOMAS H. ALLEN
(Full Name)

17 FAIRMOUNT ST
(Mailing Address)

PORTLAND ME 04103

Daytime Telephone: 202 225-6116

Filer Status: [X] Member of the U.S. House of Representatives — State: ME District: 1 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | | X |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | X | |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | X | |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | X | |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | X | |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | | X |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | X | |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | | X |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | | X |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | | X |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | | X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Thomas H. Allen | 6/12/01 |

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS (DONATED TO PORTLAND STREET CLINIC) | SPEECH | 5/8/00 | $1000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name THOMAS H. ALLEN Page 3 of 7

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period; and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in block A state the nature of the business and its geographic location. For additional information, see the Instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | BLOCK A Asset and/or Income Source | BLOCK B Value of Asset: A None | B $1-$1,000 | C $1,001-$15,000 | D $15,001-$50,000 | E $50,001-$100,000 | F $100,001-$250,000 | G $250,001-$500,000 | H $500,001-$1,000,000 | I $1,000,001-$5,000,000 | J $5,000,001-$25,000,000 | K $25,000,001-$50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | BLOCK D Amount of Income: I None | II $1-$200 | III $201-$1,000 | IV $1,001-$2,500 | V $2,501-$5,000 | VI $5,001-$15,000 | VII $15,001-$50,000 | VIII $50,001-$100,000 | IX $100,001-$1,000,000 | X $1,000,001-$5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: SP Mega Corp. Stock | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | SP Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| | 1st Bank of Paducah, KY accounts | | X | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | AIM SMALL CAP OP FD | | | | X | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | P, S |
| | AMER NEW EGON FD | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P, S |
| | OPPENHEIMER MID CAP | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | MAINE STATE BD '02 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | 245 COMMERCIAL ST PORTLAND ME (5.897% INTEREST ONLY) | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS H. ALLEN

Page 4 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; DEPRECIATION; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| | DRUMMOND WOODSUM PS + TRUST W/ UMB BANK OF KANSAS CITY, MO | X | N/A | N/A | |
| | ICMA RETIRE. CORP | X | N/A | N/A | |

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## SCHEDULE IV — TRANSACTIONS

Name THOMAS H. ALLEN Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,000–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | AMERICAN MUTUAL FUND CL A | | X | | 3/16/00 | | | X | | | | | | | |
| | AIM SMALL CAP OPPORT FD CL C | X | | | 3/16/00 | | X | | | | | | | | |
| | AIM SMALL CAP OPPORT FD CL C | | X | | 11/20/00 | X | | | | | | | | | |
| | AMERICAN NEW ECON SBI CL A | X | | | 3/16/00 | | X | | | | | | | | |
| | AMERICAN NEW ECON SBI CL A | | X | | 11/20/00 | X | | | | | | | | | |
| | OPPENHEIMER MID CAP FD CL C | X | | | 3/16/00 | | X | | | | | | | | |

This page may be copied if more space is required.

Name THOMAS H. ALLEN | Page 6 of 7

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | FLEET BANK OF MAINE | MORTGAGE ON 245 COMMERCIAL ST PORTLAND ME (5.897% SHARE) | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| *Examples:* Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| THE ASPEN INSTITUTE | 2/18-22/00 | WASH DC TO SAN JUAN TO PORTLAND ME | Y | Y | Y | N |
| DRUMMOND WOODSUM NAW FIRM PORTLAND ME | 7/7/00 | PORTLAND ME TO NYC TO PORTLAND ME | N | Y | N | N |
| THE ASPEN INSTITUTE | 8/21-29/00 | PORTLAND TO PRAGUE TO PORTLAND | Y | Y | Y | 3 DAYS |

# UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



01 MAY 15 AM 9:58

MC HAND DELIVERED (1)

(Office Use Only)

Robert E. Andrews
(Full Name)

215 Fourth Avenue Haddon Heights, NJ 08035
(Mailing Address)

(856)546-5100
Daytime Telephone

Filer Status: ✓ Member of the U.S. House of Representatives — State NJ — District 01 — Officer Or Employee — Employing Office

Report Type: ✓ Annual (May 15) — Amendment — Termination — Termination Date

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ✓ No

If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ✓ No

If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ✓ No

If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ✓ No

If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes No ✓

If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? Yes No ✓

If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? Yes ✓ No

If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes No ✓

If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes No ✓

If yes, complete and attach Schedule IX.

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**Trusts--** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes No ✓

**Exemptions--** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes No ✓

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Robert E. Andrews | 5/14/01 |

## SCHEDULE I - EARNED INCOME

Name Robert E. Andrews



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Rutgers Law School - Camden | Spouse Salary | N/A |
| Blank Rome Law Firm | Spouse Consulting Fees-Expert Witness | N/A |
| Donio Bertman and DonioLaw Firm | Spouse Legal Consulting Services | N/A |

## SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name Robert E. Andrews



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| The Connell Company | Speech | April 19, 2000 | $2,000 |
| Ed Tech Company Digital Divide Program | Speech | June 12, 2000 | $500 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Olive B. Andrews Testamentary Trust (50% remainder interest in Life Estate)<br>Note: This trust was not created by the reporting individual and the reporting individual has no specific knowledge of the holdings of the trust | $15,001 - $50,000 | EXCEPTED TRUST | NONE | |
| JT | Mellon Bank Checking Account | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| JT | PNC National Bank Checking | $100,001 - $250,000 | INTEREST | $201 - $1,000 | |
| SP | Stock - GTE | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Stock - Connectiv | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| JT | Dean Witter Money Market Fund | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| JT | Morgan Stanley Dean Witter Money Market Fund | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |

## SCHEDULE IV - TRANSACTIONS

Name Robert E. Andrews



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | 1105 Creek Road, Bellmawr, NJ | S | 12-29-00 | $50,001 - $100,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert E. Andrews



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Glass Molders International Union (GMP) | Aug.10,2000 | Philadelphia-LasVegas-Philadelphia | Y | Y | N | N/A |
| Gore 2000 | Nov. 29, 2000 | Philadelphia-Miami-Phialdelphia | N | N | N | N/A |
| Investment Company Institute Education Foundation | Feb.23, 2000 | Philadelphia-Phoenix | Y | Y | N | N/A |
| Bush-Cheney Transition team | Dec.21, 2000 | Delaware-Austin,TX-Delaware | N | N | N | N/A |
| Met Life | Feb. 24, 2000 | Phoenix-Orlando-Philadelphia | Y | Y | N | N/A |

**ROBERT E. ANDREWS**
FIRST DISTRICT, NEW JERSEY

**EDUCATION AND THE WORKFORCE**
SENIOR RANKING DEMOCRAT
MEMBER

**ARMED SERVICES**
MEMBER
MEMBER

# Congress of the United States
## House of Representatives
Washington, DC 20515–3001

**PLEASE REPLY TO**
2439 RAYBURN BUILDING
WASHINGTON, DC 20515
(202) 225-6501

506-A WHITE HORSE PIKE
HADDON HEIGHTS, NJ 08035
(609) 546-5100

61 NORTH BROAD STREET
WOODBURY, NJ 08096
(609) 848-3900

**E MAIL**
robert.andrews@mail.house.gov

May 17, 2001

Mr. Jeffrey Trandahl
The Clerk of the House
U.S. House of Representatives
Legislative Resource Ctr
B106 Cannon HOB
Washington, DC 20515-6612

MC (4)

Dear Mr. Trandahl:

I am writing to amend my financial disclosure report for calendar year 2000.

The property listed as "1105 Creek Road, Bellmawr, New Jersey" on Schedule IV reflects the sale of the property. Schedule III of the report should include the net gain from that property as between $50,000 and $100, 000.

I trust this fully responds to your request.

Sincerely,

Robert Andrews
Member of Congress

REA:ecm

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 18 AM 10: 30

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 18 AM 10: 30
(Office Use Only)

Robert E. Andrews
(Full Name)

215 Fourth Avenue Haddon Heights, NJ 08035
(Mailing Address)

(856)546-5100
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: NJ District: 01 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☐ Annual (May 15) ☑ Amendment ☐ Termination | Termination Date: | |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Robert E. Andrews | 5/17/01 |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Olive B. Andrews Testamentary Trust (50% remainder interest in Life Estate)<br>Note: This trust was not created by the reporting individual and the reporting individual has no specific knowledge of the holdings of the trust | $15,001 - $50,000 | EXCEPTED TRUST | NONE | |
| JT | Mellon Bank Checking Account | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| JT | PNC National Bank Checking | $100,001 - $250,000 | INTEREST | $201 - $1,000 | |
| SP | Stock - GTE | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Stock - Connectiv | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| JT | Dean Witter Money Market Fund | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| JT | Morgan Stanley Dean Witter Money Market Fund | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| | 1105 Creek Road Bellmawr, NJ | $50,001 - $100,000 | Net Gain | $50,001 - $100,000 | |

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 3:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Richard K. Armey
(Full Name)

H-329 The Capitol Washington, DC 20515
(Mailing Address)

202-225-4000
Daytime Telephone

| Filer Status | ☑ Member of the U.S. House of Representatives | State: TX District: 26 | ☐ Officer Or Employee | Employing Office: |
|---|---|---|---|---|
| Report Type | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☐ No ☑ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Richard K. Armey | 5-15-01 |

64

## SCHEDULE I - EARNED INCOME

Name Richard K. Armey



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Southern Methodist University | Approved Teaching Fee | $20,000 |
| Teacher's Insurance and Annuity Association | Teacher's Retirement | $3,012 |

## SCHEDULE V - LIABILITIES

**Name** Richard K. Armey



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Wells Fargo | Line of Credit | $15,001 - $50,000 |

CONGRESSMAN DICK ARMEY
26TH DISTRICT, TEXAS

MAJORITY LEADER

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RECORDS CENTER
01 JUN 12 PM 1:08

H-329 THE CAPITOL
WASHINGTON, DC 20515
(202) 225-4000

# Congress of the United States

## House of Representatives

Washington, DC 20515–6502

HAND DELIVERED

June 12, 2001

Honorable Joel Hefley
Chairman
Committee on Standards of Official Conduct
HT2 Capitol Building
Washington, DC 20515

Dear Mr. Chairman:

Please substitute the enclosed cover page, Schedule III and Schedule VII into my annual (May 15) Financial Disclosure Statement for Calendar Year 2000.

Thank you for your attention to this matter. If you or your staff have any questions, please contact Tiffany Carper in my office at x54000.

Sincerely,

DICK ARMEY
Member of Congress

PRINTED ON RECYCLED PAPER

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2001 JUN 12 PM 1:10

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



Richard K. Armey
(Full Name)

H-329 The Capitol Washington, DC 20515
(Mailing Address)

202-225-4000
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: TX District: 26 | ☐ Officer Or Employee — Employing Office: | **A $200 penalty shall be assessed against anyone who files more than 30 days late.** |
| **Report Type** | ☐ Annual (May 15) ☑ Amendment ☐ Termination | Termination Date: | |

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

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| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Dick Armey | 6-12-2001 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Richard K. Armey



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Teacher's Insurance and Annuity Association | defined benefit plan | | N/A | |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Richard K. Armey



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Majority Leader's Fund | July 29-August 3, 2000 | Philadelphia, PA | Y | N | N | N/A |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

(3) **HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Joe Baca
(Full Name)

1850 N Magnolia, Rialto, CA 92376
(Mailing Address)

909-875-4940
Daytime Telephone

(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: CA District: 42 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

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| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Joe Baca | 5-15-01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Rialto Unified School District | Spouse Salary | N/A |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | BLOCK A | | BLOCK B | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* | SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | GTE (Verizon) | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Federal Employee FERS/Retirement System | | | X | | | | | | | | | | | | | | | | | Pension | | | N/A | | | | | | | | |
| | STRS/State Teachers ~~Retirement System~~ | | | | X | | | | | | | | | | | | | | | | Pension | | | N/A | | | | | | | | |
| | American National Insurance Co. | | | | X | | | | | | | | | | | | | | | | IRA | | | N/A | | | | | | | | |

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 5:50
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

Spencer T. Bachus, III
(Full Name)

442 Cannon Building, Washington, DC 20515
(Mailing Address)

202-225-4921
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Alabama District: Sixth | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | May 15, 2001 |

| Name | Spencer T. Bachus, III | Page 1 of 1 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | U. S. House of Representatives | Approved Salary | $133,871 |
| | The Cancer Research Foundation | Spouse Salary | N/A |

**For payments to charity in lieu of honoraria, use Schedule II.**

Name Spencer T. Bachus, III

Page 1 of 1

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| None | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Spencer T. Bachus, III



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | Block B: None | A $1 – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | L | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: None | I $1 – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | XI | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | Mega Corp Stock | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| SP | Fidelity Cash Reserves | | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | AmSouth Bank | | | | | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Regions Bank | | | | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Smith Barney | | | | | | | | | | X | | | | | X | | X | | X | | | | | | | | | | | X | | | | |
| | Southern Company | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| | Paine Webber | | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Southwood Properties | | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | 4821 12th Ave No., Bham | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | 2025 16th Druid Hills | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | 3937 28th Pl No., Bham | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | 2351 Rocky Ridge Rd, Bham | | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | P |
| | Call CVS Corp Feb 035 | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | Call Halliburton Feb 040 | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | Call Nasdaq Apr 214 | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | P,S |
| | Call Unocal Apr 025 | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | P,S |
| | Call Unocal Apr 27.5 | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | P,S |
| | Call Unocal Apr 27.5 | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | P,S |
| | Call Unocal Mar 27.5 | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | Call Unocal May 27.5 | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | P,S |
| | Call Unocal May 27.5 | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | P,S |
| | Ilex Oncology Common Stock | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P,S |
| | Put Coca Cola Feb 060 | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | P,S |
| | Put Coca Cola Feb 060 | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | P,S |
| | Put Coca Cola Feb 060 | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | P,S |
| | Put Coca Cola Jan 060 | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | P,S |
| | Put Coca Cola Jan 060 | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | P,S |
| | Put Coca Cola Feb 025 | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | P,S |
| | Put Coca Cola Mar 025 | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P,S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

Page 2 of 2

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Put Nasdaq Apr 190 | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P,S |
| | Put Nasdaq Apr 190 | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | Put Nasdaq Apr 190 | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | Put Nasdaq Feb 170 | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | Put Nasdaq Feb 170 | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | Call Unocal Aug 32.5 | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | Call Unocal Aug 32.5 | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | Call Unocal Oct 035 | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | Call Nasdaq Dec 064 | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | Put Coca Cola Nov 055 | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | P,S |
| SP | Smith Barney Cap Growth | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | P,S |
| SP | Call UCL Oct 00 | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | P,S |
| SP | Call Nasdaq Dec 064 | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P,S |
| SP | Call Unocal Oct 035 | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | P,S |
| | Call Unocal Jun 035 | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P,S |

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## SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| SP | Heller Finl Inc., Notes (Smith Barney) | | X | | 5/15/00 | | X | | | | | | | | |
| SP | UTS EFT Reit Portfolio (Smith Barney) | | X | | 12/20/00 | | X | | | | | | | | |
| SP | Smith Barney Large Cap Growth Fund | | X | | 5/31/00 | | X | | | | | | | | |
| SP | Smith Barney Large Cap Growth Fund | | X | | 5/31/00 | X | | | | | | | | | |
| SP | Call UCL Oct 00 | X | X | | 7/21/00<br>8/17/00 | X | | | | | | | | | |
| SP | Call Apache Corp Nov 60 | X | X | | 10/25/00<br>11/21/00 | X | | | | | | | | | |
| SP | Put Coca Cola Jan 60 | X | X | | 11/28/00<br>12/07/00 | X | | | | | | | | | |
| SP | Call Nasdaq Dec 64 | X | X | | 11/22/00<br>11/27/00 | X | | | | | | | | | |
| SP | Call Phillips Petro Nov 65 | X | X | | 10/16/00<br>11/21/00 | X | | | | | | | | | |
| SP | Call Unocal Corp Oct 35 | X | X | | 9/21/00<br>10/12/00 | X | | | | | | | | | |
| SP | Call Unocal Corp Nov 35 | X | X | | 10/17/00<br>11/17/00 | X | | | | | | | | | |
| | 2351 Rocky Ridge Road, Rental | X | | | 6/15/00 | | | X | | | | | | | |
| | Call CVS Corp Feb 035 | X | X | | 1/3/00<br>1/5/00 | X | | | | | | | | | |
| | Call CVS Corp Jan 040 | X | X | | 12/31/99<br>1/25/00 | X | | | | | | | | | |
| | Call Global Marine Arp 12.5 | X | X | | 12/17/99<br>1/5/00 | X | | | | | | | | | |
| | Call Halliburton Feb 040 | X | X | | 1/14/00<br>1/18/00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Spencer T. Bachus, III



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Call Halliburton Jan 040 | | X | | 12/03/99<br>1/5/00 | X | | | | | | | | | |
| | Call Nasdaq APR 214 | X | X | | 3/16/00<br>3/16/00 | X | | | | | | | | | |
| | Call Unocal Corp Apr 025 | X | X | | 3/21/00<br>4/12/00 | | X | | | | | | | | |
| | Call Unocal Corp Apr 27.5 | X | X | | 2/25/00<br>3/8/00 | X | | | | | | | | | |
| | Call Unocal Corp Apr 27.5 | X | X | | 3/17/00<br>4/12/00 | X | | | | | | | | | |
| | Call Unocal Corp Apr 32.5 | X | X | | 1/24/00<br>3/8/00 | X | | | | | | | | | |
| | Call Unocal Corp Apr 32.5 | X | X | | 3/2/00<br>3/8/00 | X | | | | | | | | | |
| | Call Unocal Corp Feb 030 | X | X | | 1/18/00<br>2/23/00 | X | | | | | | | | | |
| | Call Unocal Corp Feb 030 | X | X | | 1/25/00<br>2/23/00 | X | | | | | | | | | |
| | Call Unocal Corp Jan 32.5 | | X | | 12/17/99<br>1/25/00 | X | | | | | | | | | |
| | Call Unocal Corp Jul 035 | X | X | | 6/16/00<br>7/25/00 | X | | | | | | | | | |
| | Call Unocal Corp Jul 035 | X | X | | 6/20/00<br>7/25/00 | X | | | | | | | | | |
| | Call Unocal Corp Jun 035 | X | X | | 5/15/00<br>6/16/00 | X | | | | | | | | | |
| | Call Unocal Corp Mar 27.5 | X | X | | 2/28/00<br>3/8/00 | X | | | | | | | | | |
| | Call Unocal Corp May 27.5 | X | X | | 4/14/00<br>5/15/00 | X | | | | | | | | | |
| | Call Unocal Corp May 27.5 | X | X | | 4/14/00<br>5/15/00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Ilex Oncology, Inc. Common Stock | X | X | | 5/22/00<br>6/16/00 | | X | | | | | | | | |
| | Imclone Systems, Inc. Common Stock | X | X | | 5/22/00<br>6/6/00 | | X | | | | | | | | |
| | Put Coca Cola Feb 060 | X | X | | 1/12/00<br>2/2/00 | X | | | | | | | | | |
| | Put Coca Cola Feb 060 | X | X | | 1/18/00<br>2/2/00 | | X | | | | | | | | |
| | Put Coca Cola Feb 060 | X | X | | 1/12/00<br>2/2/00 | X | | | | | | | | | |
| | Put Coca Cola Jan 060 | | X | | 12/06/99<br>1/3/00 | | X | | | | | | | | |
| | Put Coca Cola Jan 060 | | X | | 12/20/99<br>1/3/00 | X | | | | | | | | | |
| | Put Coca Cola Jun 045 | X | X | | 5/16/00<br>6/20/00 | X | | | | | | | | | |
| | Put Coca Cola Feb 020 | X | X | | 1/21/00<br>2/23/00 | X | | | | | | | | | |
| | Put Coca Cola Feb 025 | X | X | | 1/25/00<br>1/28/00 | X | | | | | | | | | |
| | Put Coca Cola Jan 020 | | X | | 12/13/99<br>1/25/00 | X | | | | | | | | | |
| | Put Coca Cola Mar 025 | X | X | | 2/1/00<br>2/25/00 | X | | | | | | | | | |
| | Put Nasdaq Apr 190 | X | X | | 3/8/00<br>3/14/00 | X | | | | | | | | | |
| | Put Nasdaq Apr 190 | X | X | | 3/8/00<br>3/15/00 | X | | | | | | | | | |
| | Put Nasdaq Apr 190 | X | X | | 3/8/00<br>3/15/00 | X | | | | | | | | | |
| | Put Nasdaq Feb 170 | X | X | | 1/3/00<br>1/25/00 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Put Nasdaq Feb 170 | X | X | | 1/14/00 1/31/00 | X | | | | | | | | | |
| | Put Nasdaq Feb 170 | X | X | | 1/3/00 1/31/00 | X | | | | | | | | | |
| | Put Nasdaq Feb 170 | X | X | | 2/1/00 2/23/00 | X | | | | | | | | | |
| | Put Nasdaq Feb 170 | X | X | | 2/3/00 2/23/00 | X | | | | | | | | | |
| | Put Nasdaq Feb 182 | X | X | | 2/4/00 2/23/00 | X | | | | | | | | | |
| | Put Nasdaq Jan 170 | | X | | 12/29/99 1/25/00 | X | | | | | | | | | |
| | Put Nasdaq Jan 180 | | X | | 12/30/99 1/25/00 | X | | | | | | | | | |
| | Put Nasdaq Jan 186 | | X | | 12/30/99 1/25/00 | X | | | | | | | | | |
| | Put Nasdaq Mar 170 | X | X | | 2/2/00 2/28/00 | | X | | | | | | | | |
| | Put Sun Microsys Jul 080 | X | X | | 6/16/00 7/25/00 | X | | | | | | | | | |
| | Call Unocal Corp Aug 32.5 | X | X | | 7/26/00 8/16/00 | X | | | | | | | | | |
| | Call Unocal Corp Aug 32.5 | X | X | | 7/26/00 8/14/00 | X | | | | | | | | | |
| | Call Unocal Corp Oct 035 | X | X | | 7/27/00 10/16/00 | X | | | | | | | | | |
| | Call Apache Corp Nov 060 | X | X | | 10/25/00 11/20/00 | X | | | | | | | | | |
| | Call Nasdaq Dec 064 | X | X | | 11/22/00 11/27/00 | X | | | | | | | | | |
| | Put Coca Cola Jan 060 | X | X | | 11/28/00 12/07/00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Put Coca Cola Nov 055 | X | X | | 10/17/00 11/20/00 | X | | | | | | | | | |
| | Put Coca Cola Nov 055 | X | X | | 11/9/00 11/20/00 | X | | | | | | | | | |
| | Put Coca Cola Nov 055 | X | X | | 10/17/00 10/20/00 | X | | | | | | | | | |
| | Put Coca Cola Dec 060 | X | X | | 11/29/00 12/11/00 | X | | | | | | | | | |

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Name Spencer T. Bachus, III

Page 1 of 1

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Compass Bank, Birmingham, AL | Mortgage on Rental Properties | | | X | | | | | | | |
| | Compass Bank, Birmingham, AL | Mortgage 2351 Rocky Ridge Rd, Bham | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | State of Israel Bonds | Jan 6-14 | Bham-Chicago-Tel Aviv<br>Tel Aviv-Chicago-Bham | Y | Y | Y | N |

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| Name | Spencer T. Bachus, III | Page 1 of 1 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | None |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 2001 70-729 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 14 PM 3:06
(Office Use Only)

Brian N. Baird
(Full Name)

1721 Longworth House Office Bldg., Washington, DC 20515 — 202-225-3536
(Mailing Address) — Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: WA, District: 03 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | B. Baird | 5-14-01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | United Nations | Spouse salary | $ 73,500 |
| | National Institutes of Health | Spouse salary | $ 11,750 |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Brian N. Baird



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the Instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| Block A | | Block B: None (A) | $1 – $1,000 (B) | $1,001 – $15,000 (C) | $15,001 – $50,000 (D) | $50,001 – $100,000 (E) | $100,001 – $250,000 (F) | $250,001 – $500,000 (G) | $500,001 – $1,000,000 (H) | $1,000,001 – $5,000,000 (I) | $5,000,001 – $25,000,000 (J) | $25,000,001 – $50,000,000 (K) | Over $50,000,000 (L) | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify For Example, Partnership Income or Farm Income) | Block D: None (I) | $1 – $200 (II) | $201 – $1,000 (III) | $1,001 – $2,500 (IV) | $2,501 – $5,000 (V) | $5,001 – $15,000 (VI) | $15,001 – $50,000 (VII) | $50,001 – $100,000 (VIII) | $100,001 – $1,000,000 (IX) | $1,000,001 – $5,000,000 (X) | Over $5,000,000 (XI) | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | P |
| DC, *Examples:* | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Prentice Hall | | | Indefinite | | | | | | | | | | | | | | | | royalties | | | | | | X | | | | | | |
| | TIAA / CREF (ret. fund) | | | | | X | | | | | | | | | | | | | | | NA | | | | | | | | | | | |
| | Cong. Cred. Union accounts | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Morgan Stanley Dean Witter Index Fund B | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | MSDW Index Fund C | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Brian N. Baird



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | P, S, E |
| | MSDW Liquid Asset Fund | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | MSDW High Tech Fund | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| (SP) | Salmon Beach 82 (house) Tacoma, WA | | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| (SP) | Microsoft Common Stock | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| (SP) | Hewlett Packard Stock | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| (SP) | IRA (self-directed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Microsoft | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Intel Corp | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | E-trade | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Starbucks | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| (SP) | TIAA / CREF (ret. fund) | | | | | X | | | | | | | | | | | | | | | NA | | | | | | | | | | | |
| (SP) | United Nations Pension fund | | | X | | | | | | | | | | | | | | | | | NA | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Brian N. Baird



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Morgan Stanley Dean Witter High Tech Fund | | X | | 9-2-00 | X | | | | | | | | | |
| (SP) | Hewlett Packard Common Stock | X | | | 1-30-00 | X | | | | | | | | | |

This page may be copied if more space is required.

Name Brian N. Baird

Page 6 of 6

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| (SP) | Contract Service Center, Tacoma, WA | mortg. on 82 Salmon Bch prop. Tacoma, WA | | | X | | | | | | | |
| (SP) | Ragan McKenzie brokerage, Tacoma, WA | loan on brokerage account Ragan McKenzie brokerage Tacoma, WA | X | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 12:37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Richard H. Baker
(Full Name)

341 Cannon House Office Bldg.
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-3901

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Louisiana District: 06th | [ ] Officer or Employee | Employing Office | |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: | |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | RHBaker | 5/8/01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | K's Louisiana Market | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard H. Baker

Page 3 of 5

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s); (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | *Examples:* Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | *Examples:* 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | LPB Minerals | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Glacier Technology | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | K's Louisiana Market | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Scenic Investments | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

## SCHEDULE V — LIABILITIES

Name Richard H. Baker

Page 4 of 5

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Hancock Bank, Baton Rouge, Louisiana | Commercial Loan | | X | | | | | | | | |
| | Bank One, Baton Rouge, Louisiana | Commercial Loan | | X | | | | | | | | |
| | MBNA | Business Loan | X | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | LPB Minerals (uncompensated) |
| Partner | Scenic Investments (uncompensated) |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
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**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

(4)

01 MAY -2 AM 10: 01

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MC

HAND DELIVERED
(Office Use Only)

John Elias Baldacci
(Full Name)

79 Palm Street
(Mailing Address)

207-947-6088
Daytime Telephone

Bangor, ME 04401

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives | State: Maine District: Second | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [x] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [x] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [x] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [x] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [x] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [x] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [x] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [x] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [x] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [x] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | John Baldacci | May 1, 2001 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | City of Bangor<br>73 Harlow Street<br>Bangor, ME 04401 | ~~Spouse Salary~~ | ~~N/A~~ |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Elias Baldacci

Page 3 of 4

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, or E |
| SP | Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | P |
| DC, *Examples:* | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Bangor Savings Bank<br>P.O. Box 930<br>Bangor, ME 04402<br>(savings) | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | ~~Key Bank of Maine~~<br>P.O. Box 429<br>~~Augusta, Maine 04330~~ | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Elias Baldacci

Page 4 of 4

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other: Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E, M |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Cong. Fed. Credit Un. | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | P.O. Box 23267 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Washington, DC 20026 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (money market) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Northern New England | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Law Publishers, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | P.O. Box 38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Naples, Maine 04055 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (stock) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | ICMA Retirement Trust | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | 777 N. Capitol Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NE, Washington, DC 20002 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Travelers Insurance | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Annuity Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | One Tower Square | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hartford, CT 06183 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Maine State Retirement | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | System | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Augusta, ME 04330 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Maine State Retirement | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | System | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Augusta, Maine 04330 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 3:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Tammy Suzanne Green Baldwin
(Full Name)
10 E Doty Street, Suite 405
(Mailing Address)
Madison, WI 53703
Daytime Telephone: 202-225-2906

**Filer Status** [X] Member of the U.S. House of Representatives — State: WI District: 02 — [ ] Officer or Employee — Employing Office:

**Report Type** [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [X] No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Tammy Baldwin | 5/15/01 |

Name Tammy Baldwin | Page 2 of 9

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | None | | |

**For payments to charity in lieu of honoraria, use Schedule II.**

Name Tammy Baldwin | Page 3 of 9

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| None | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Tammy Baldwin

Page 4 of 9

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, or E |
| SP, DC, JT | Examples: SP Mega Corp Stock | X | X | X | P |
| | Examples: Simon & Schuster | Indefinite | Royalties | X | |
| | Examples: 1st Bank of Paducah, KY accounts | X | X | X | |
| | Rental Property 4435 113 Rd Larkendale, CO | X | X | X | S |
| | Wisconsin Retirement System | X | | | |
| | 1) Green Irrevocable Trust for Tammy Baldwin | | | X | |
| | 1) Fursher Equity Growth Fund A | X | X | X | S, in part |
| | 2) Fursher Special Growth Fund B | X | X | | |
| | 3) Fursher US Government Bond Fund | X | X | | P, in part |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tammy Baldwin

Page 5 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 4) Firstar Money Market | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | P,S, in part |
| | 5) Firstar Growth & Income Fund | | | | X | | | | | | | | | X | | X | | | | | | | | | | | | | | | | S, in part |
| JT | Rental Property 804 Speight St Madison, WI | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | P |
| JT | Vanguard Account (Money Market) | | | | | | X | | | | | | | | | | | | | | | | | X | | X | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Tammy Baldwin



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | Rental Property: 809 Spaight St Madison WI | X | | | 1-5-00 | | | | | X | | | | | |
| | Rental Property: 4935 113Rd Carbondale CO | | X | | 8-2-00 | | | | X | | | | | | |
| | D Green Irrevocable Trust for Tammy Baldwin | | | | | | | | | | | | | | |
| | 1) Money Market Fund | X | | | 2-18-00 | X | | | | | | | | | |
| | 2) Money Market Fund | X | | | 8-3-00 | X | | | | | | | | | |
| | 3) Growth and Income Fund | | X | | 2-18-00 | X | | | | | | | | | |
| | 4) Growth and Income Fund | | X | | 8-3-00 | X | | | | | | | | | |
| | 5) Growth and Income Fund | | X | | 9-20-00 | X | | | | | | | | | |
| | 6) Equity Growth Fund A | | X | | 2-18-00 | X | | | | | | | | | |
| | 7) Money Market Fund | | X | | 4-17-00 | X | | | | | | | | | |

This page may be copied if more space is required.

Name Tammy Baldwin | Page 7 of 9

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Alpine Bank Glenwood Springs, CO | Mortgage on Rental Property | X | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| Lauren Azar, Madison, WI Domestic Partner of Member | Books, Clothing | ≈ 400.00 |
| | | |
| | | |
| | | |
| | | |
| | | |

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Commonwealth Foundation (Harvard University Health Summit) | Jan 20-23 | Madison, WI - Aventura, FL - Madison, WI | Y | Y | Y | N |
| | Human Rights Campaign | Jan 12 | Madison WI - Chicago IL - Madison WI | N | N | N | N |
| | New York City Lesbian & Gay Community Services Center | Mar 3 | Washington DC - NYC, NY - Madison, WI | Y | N | N | N |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | Wisconsin Citizen Action |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
| | | |
| | | |
| | | |
| | | |

TAMMY BALDWIN
2ND DISTRICT, WISCONSIN

BUDGET COMMITTEE

JUDICIARY COMMITTEE
SUBCOMMITTEE ON COMMERCIAL AND ADMINISTRATIVE LAW

Congress of the United States
House of Representatives
Washington, DC 20515–4902

1020 LONGWORTH HOB
WASHINGTON, DC 20515
TEL. (202) 225-2906
FAX. (202) 225-6942

10 E DOTY, SUITE 405
MADISON, WI 53703
TEL. (608) 258-9800
FAX. (608) 258-9808

Email tammy.baldwin@mail.house.gov

HAND DELIVERED

01 MAY 21 PM 4:31

May 21, 2001

The Clerk
U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515

Dear Sir:

I am writing to amend my Financial Disclosure Statement for Calendar Year 2000. Since filing that statement on May 15, 2001, it has come to my attention that I inadvertently omitted disclosure of the mortgages on my property at 809 Spaight St., Madison, Wisconsin.

I am hereby amending Schedule V—Liabilities, to report the following 2 mortgages on that property:

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| JT | Home Savings, Madison, WI | Mortgage on Rental Property | F |
| JT | Home Savings, Madison, WI | Mortgage on Rental Property (2nd Mortgage) | D |

Thank you for your cooperation in this matter.

Sincerely,

Tammy Baldwin
Member of Congress

PRINTED ON RECYCLED PAPER

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER (50)

2001 MAY 15 P.: 2:54

MC

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



THOMAS CASS BALLENGER
(Full Name)

867 20TH AVENUE DRIVE, NW HICKORY, NC 28601
(Mailing Address)

(202) 225-2576
Daytime Telephone

(Office Use Only)

**Filer Status**: ✓ Member of the U.S. House of Representatives — State: NC District: 10 | Officer Or Employee | Employing Office:

**Report Type**: ✓ Annual (May 15) | Amendment | Termination | Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ✓ No
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes No ✓
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ✓ No
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ✓ No
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes No ✓
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? Yes No ✓
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? Yes ✓ No
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ✓ No
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ✓ No
If yes, complete and attach Schedule IX.

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**Trusts--** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes No ✓

**Exemptions--** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes No ✓

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Thomas Cass Ballenger | 5/14/01 |

## SCHEDULE I - EARNED INCOME

Name THOMAS CASS BALLENGER



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| PLASTIC PACKAGING, INC. - FAMILY BUSINESS | SALARY EXEMPT FROM RULE XLVII | $20,000 |
| PLASTIC PACKAGING, INC. - SPOUSE SALARY | SPOUSE SALARY | NA |
| LEGISLATIVE RETIREMENT SYSTEM OF NC | PENSION | $4,068 |
| PLASTIC PACKAGING, INC. | SPLIT DOLLAR LIFE INS. BENEFIT EXEMPT FROM RULE XLVII | $2,460 |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name THOMAS CASS BALLENGER



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | RENTAL HOUSE, 12TH AVENUE | $50,001 - $100,000 | RENT | $2,501 - $5,000 | |
| JT | WASHINGTON APT., 450 JERSEY AVE. | $250,001 - $500,000 | RENT | $5,001 - $15,000 | |
| | TROUSDALE #415-O WELL | $1,001 - $15,000 | RENT-% | $1,001 - $2,500 | |
| | NORTON / TAYLOR 30415-Q WELL | $1,001 - $15,000 | RENT-% | $201 - $1,000 | |
| | GLENDALE #0415-T WELL | $1,001 - $15,000 | RENT-% | $201 - $1,000 | |
| | HEINE PROSPECT #0415-W WELL | $1,001 - $15,000 | RENT-% | $201 - $1,000 | |

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|---|---|---|---|---|
| SCARMARDO PROSPECT #10H WELL | $1,001 - $15,000 | RENT-% | $1,001 - $2,500 | |
| RUNNING DUKE #1-H WELL | $1,001 - $15,000 | RENT-% | NONE | |
| TRAWEEK PROSPECT #1-H WELL | $1,001 - $15,000 | RENT-% | NONE | |
| WALTON WELL #1 | $1,001 - $15,000 | RENT-% | $1,001 - $2,500 | P |
| BB&T CORPORATION | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| BEST FOODS | None | DIVIDENDS | $201 - $1,000 | S |

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|---|---|---|---|---|
| FRESH FOODS | None | DIVIDENDS | NONE | MERGED WITH PIERRE FOODS, INC. |
| GENERAL INSTRUMENT CORPORATION | None | DIVIDENDS | NONE | MERGED WITH MOTOROLA |
| GIBRALTAR PACKAGING GROUP, INC. | None | DIVIDENDS | NONE | SOLD < 1,000 |
| INGERSOLL-RAND COMPANY | None | DIVIDENDS | $1 - $200 | S |
| MARTIN MARIETTA MATERIALS, INC. | None | DIVIDENDS | $1 - $200 | S |

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|---|---|---|---|---|
| TEXTRON INCORPORATED | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| TYCO INTERNATIONAL LIMITED (NEW) | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| WACHOVIA CORPORATION | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| BANK OF AMERICA CORPORATION | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| COMMSCOPE INCORPORATED | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| GENERAL ELECTRIC COMPANY | $100,001 - $250,000 | DIVIDENDS | $1,001 - $2,500 | |

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|---|---|---|---|---|
| JOHNSON & JOHNSON INCORPORATED | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| LUCENT TECHNOLOGIES INCORPORATED | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | PURCHASE & PARTIAL SALE |
| PFIZER INCORPORATED | $50,001 - $100,000 | DIVIDENDS | $201 - $1,000 | |
| PROCTOR & GAMBLE COMPANY | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | P |
| SCHERING PLOUGH CORPORATION | $50,001 - $100,000 | DIVIDENDS | $201 - $1,000 | |
| APPLE COMPUTER INCORPORATED | None | DIVIDENDS | NONE | PS |

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|---|---|---|---|---|
| DU PONT E I DC NEMOURS & CO. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| DUKE ENERGY CORPORATION | $50,001 - $100,000 | DIVIDENDS | $1,001 - $2,500 | |
| EXXON MOBIL CORPORATION | $50,001 - $100,000 | DIVIDENDS | $1,001 - $2,500 | |
| MINNESOTA MINING & MANUFACTURING | $50,001 - $100,000 | DIVIDENDS | $201 - $1,000 | P |
| TEXACO INCORPORATED | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | P |
| THE ALLSTATE CORPORATION | None | DIVIDENDS | $1 - $200 | S |

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|---|---|---|---|---|
| UNITED TECHNOLOGIES CORPORATION | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| ALCATEL AMERICAN DEPOSITORY RECEIPTS | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| GTE CORPORATION | None | DIVIDENDS | $201 - $1,000 | MERGED WITH VERIZON WIRELESS |
| ROYAL DUTCH PETROLEUM CO. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SPIEKER PROPERTIES INCORPORATED | $15,001 - $50,000 | CAPITAL GAINS AND DIVIDENDS | $201 - $1,000 | |
| HALLIBURTON COMPANY | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

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|---|---|---|---|---|
| INTEL CORPORATION | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | P |
| TIMKEN COMPANY | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| ALLIANCE PREMIER GROWTH FD CL A | $1,001 - $15,000 | DIVIDENDS | NONE | |
| CASH ACCOUNT | ($10,000) | DIVIDENDS | NONE | |
| ANHEUSER BUSCH COMPANIES, INC. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| CONCENTRIC NETWORK CORP (DELAWARE) | None | DIVIDENDS | NONE | MERGED WITH XC COMMUNIC ATIONS |

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|---|---|---|---|---|
| FEDERAL NATIONAL MORTGAGE ASSOC. | None | DIVIDENDS | $1 - $200 | S |
| SIEBEL SYSTEMS INCORPORATED | $1,001 - $15,000 | DIVIDENDS | NONE | |
| HERITAGE CASH TRUST MM FUND | $50,001 - $100,000 | DIVIDENDS | $1,001 - $2,500 | |
| AGILENT TECHNOLOGIES, INC. | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| CISCO SYSTEMS INCORPORATED | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| CORNING INCORPORATED | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |

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|---|---|---|---|---|
| DELL COMPUTER CORPORATION | None | DIVIDENDS | NONE | PS |
| MOTOROLA INCORPORATED | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | PURCHASED AND MERGER BETWEEN GENERAL INSTRUMENTS AND MOTOROLA |
| RAYMOND JAMES FINANCIAL INCORPORATED | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| SOLECTRON CORPORATION | $1,001 - $15,000 | DIVIDENDS | NONE | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name THOMAS CASS BALLENGER



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| XO COMMUNICATIONS | None | DIVIDENDS | NONE | SALE AND MERGER BETWEEN CONCENTRIC NETWORK CORP AND XO COMM |
| PIERRE FOODS, INCORPORATED | None | DIVIDENDS | NONE | SALE AND MERGER BETWEEN FRESH FOODS AND PIERRE FOODS |

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|---|---|---|---|---|---|
| SP | ALCATEL ADS | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| SP | ARCHER DANIELS MIDLAND | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | CASH IN LIEU < 1,000 |
| SP | BANKAMERICA CORP NEW | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | BB&T CORP | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | BANK OF GRANITE | $100,001 - $250,000 | DIVIDENDS | $1,001 - $2,500 | |
| SP | BRAZIL FUND | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |

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|---|---|---|---|---|---|
| SP | DIAMOND OFFSHORE DRILLING, INC. | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | FRESH FOODS, INC. | $1,001 - $15,000 | DIVIDENDS | NONE | MERGED WITH PIERRE FOODS, INC. |
| SP | WR GRACE & CO. NEW DELAWARE | None | DIVIDENDS | NONE | S |
| SP | JEFFERSON PILOT CORP. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | MOTOROLA, INC. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |

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|---|---|---|---|---|---|
| SP | NCR CORPORATION | $1 - $1,000 | DIVIDENDS | NONE | |
| SP | PEPSICO, INC. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | PIEDMONT NATURAL GAS, INC. | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | |
| SP | SCHERING PLOUGH CORP | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | SEALED AIR CP NEW | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | |
| SP | TEXTRON, INC. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |

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|---|---|---|---|---|---|
| SP | TIMKEN COMPANY | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | TRICON GLOBAL REST, INC. | $1,001 - $15,000 | DIVIDENDS | NONE | |
| SP | WENDY'S INTL | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | WILLIAMS CO., INC. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | SEALED AIR SERIES A | $15,001 - $50,000 | DIVIDENDS | NONE | |
| SP | DW ACTIVE ASSETS MONEY TRUST | $100,001 - $250,000 | DIVIDENDS | $5,001 - $15,000 | |

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|---|---|---|---|---|---|
| SP | MANATEE CNTY WATER SEWER 6.1% BOND | None | INTEREST | $201 - $1,000 | S |
| SP | FORSYTH CNTY NC LAW 4.75% BOND | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| SP | NC MUNI POWER AGY 4.9% BOND | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| SP | MECKLENBURG CNTY 5.75% BOND | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | |
| SP | MOORE CNTY NC GEN 4.75% BOND | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| SP | CHARLOTTE NC GEN 5.5% BOND | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | |

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|---|---|---|---|---|---|
| SP | NC MUN POWER AGY - 1<br>4.1% BOND | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | P |
| SP | FAYETTEVILLE NC PUB WKS<br>4.6% BOND | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| SP | CABARRUS CNTY NC GEN<br>4.5% BOND | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| SP | MANATEE CNTY FL WATER<br>9.3% BOND | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| SP | DURHAM CNTY NC GEN<br>5.2% BOND | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | |
| SP | CHARLOTTE NC PUB IMPRV.<br>5.3% BOND | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |

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|---|---|---|---|---|---|
| SP | MOUNT AIRY NC GEN 4.9% BOND | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| SP | NC MED CARE COMM 5% BOND | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | |
| SP | NC MED CARE COMM 5.5% BOND | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| SP | FORSYTH CO NC CTFS 5% BOND | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| SP | US TREAS. NOTE 8.5% | None | INTEREST | $201 - $1,000 | S |
| SP | US TREAS. NOTE 9.125% | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |

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|---|---|---|---|---|---|
| SP | GNMA POOL 8% BOND | $1,001 - $15,000 | INTEREST | $1 - $200 | RETURN OF PRINCIPAL < 1,000 |
| SP | PHOENIX MIDCAP PFT CL A | None | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | MERGED WITH PHOENIX/SENECA STRAT THEME A |
| SP | AIM LAT AMERICAN GRWTH A | $15,001 - $50,000 | DIVIDENDS | NONE | |

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|---|---|---|---|---|
| SP UNIT NUVEEN NATL LT 108 SPS | $1,001 - $15,000 | INTEREST | $201 - $1,000 | RETURN OF PRINCIPAL < 1,000 |
| SP UNIT NUVEEN NATL LT 183 QPS | $1 - $1,000 | INTEREST | $1 - $200 | RETURN OF PRINCIPAL < 1,000 |
| SP UNIT KEMPER TAX EX INCOME TRUST | $1,001 - $15,000 | INTEREST | $201 - $1,000 | RETURN OF PRINCIPAL < 1,000 |
| SP UNIT GSIF GOVT US TRSY 1 MPS | $1,001 - $15,000 | INTEREST | $201 - $1,000 | RETURN OF PRINCIPAL |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | COMM SCOPE, INC. | $1,001 - $15,000 | DIVIDENDS | NONE | |
| SP | MARTHA STEWART LIVING - CL A | None | DIVIDENDS | NONE | TRANSFERED OUT |
| SP | CORNING, INC. | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| SP | MINNESOTA MINING & MFG CO. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | P |
| SP | PHOENIX SENECA STRAT THEME A | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | MERGER WITH PHOENIX SENECA MIDCAP A |

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|---|---|---|---|---|---|
| SP | PAINE WEBBER (JC BRADFORD) IRA | $50,001 - $100,000 | N/A | N/A | |
| SP | OAK PLANTATION K-1 | $1 - $1,000 | PARTNERSHIP - N/A | $201 - $1,000 | |
| | OAK PLANTATION K-1 | $1 - $1,000 | PARTNERSHIP - N/A | $201 - $1,000 | |
| | AAI / FOREST HILLS | None | PARTNERSHIP - N/A | $201 - $1,000 | |
| | AAI / FOUR SEASONS | None | PARTNERSHIP - N/A | $1,001 - $2,500 | |
| | DYCO OIL & GAS 1992-1, 1983-1, 1981-2, 1984-1 | $1 - $1,000 | PARTNERSHIP - N/A | $1 - $200 | |

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| | MCNEIL REAL ESTATE FD K-1 | $1 - $1,000 | PARTNERSHIP - N/A | $201 - $1,000 | |
| | T.C. BALLENGER/EHS UNITRUST | None | CHARITABLE UNITRUST - N/A | $1,001 - $2,500 | |
| SP | GREAT WEST FUELS #2, LLC | $1 - $1,000 | PARTNERSHIP - N/A | NONE | P |
| | GREAT WEST FUELS #2, LLC | $1 - $1,000 | PARTNERSHIP - N/A | NONE | P |
| | GREAT WEST FUELS #1, LLC | $1 - $1,000 | PARTNERSHIP - N/A | NONE | P |
| | QUALIFIED PENSION IRA | None | N/A | N/A | |

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|---|---|---|---|---|---|
| | CONGRESSIONAL FEDERAL CREDIT UNION | $50,001 - $100,000 | INTEREST | $201 - $1,000 | |
| SP | BANK OF GRANITE | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| | BANK OF AMERICA | None | INTEREST | $1 - $200 | |
| | BANK OF AMERICA | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| JT | JORDAN BRIDGE - LOAN | $1,001 - $15,000 | INTEREST | NONE | |
| JT | MARK WEAVER - LOAN | $15,001 - $50,000 | INTEREST | NONE | |

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| | PLASTIC PACKAGING, INC. | $5,000,001 - $25,000,000 | DIVIDENDS | $50,001 - $100,000 | |
| SP | PLASTIC PACKAGING, INC. | $250,001 - $500,000 | DIVIDENDS | $5,001 - $15,000 | |
| | PLASTIC PACKAGING, ESOP | $1,001 - $15,000 | N/A | N/A | |
| | RAYMOND JAMES IRA (VALUE) | None | N/A | N/A | ASSETS TRANSFERED TO TECHNOLOGY IRA |
| | RAYMOND JAMES IRA (BRANDES) | $100,001 - $250,000 | N/A | N/A | |

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| | RAYMOND JAMES IRA (TECHNOLOGY) | $100,001 - $250,000 | N/A | N/A | ASSETS TRANSFERRED FROM VALUE IRA |
| | RAYMOND JAMES IRA (GROWTH) | $250,001 - $500,000 | N/A | N/A | |
| SP | CRESCENT STATE BANK | $1,001 - $15,000 | DIVIDENDS | NONE | |
| SP | AT&T CORP | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | |
| SP | ALAMANCE NATIONAL BANK | $1,001 - $15,000 | DIVIDENDS | NONE | |
| SP | BP AMOCO CORPORATION | $50,001 - $100,000 | DIVIDENDS | $1,001 - $2,500 | |

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|---|---|---|---|---|---|
| SP | ANHEUSER BUSCH COMPANIES | $250,001 - $500,000 | DIVIDENDS | $5,001 - $15,000 | |
| SP | BELL ATLANTIC CORP. | None | DIVIDENDS | $201 - $1,000 | MERGED WITH VERIZON WIRELESS |
| SP | BELL SOUTH CORP. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | CAROLINA FIRST BANCSHARES, INC. | None | DIVIDENDS | $1 - $200 | MERGED WITH FIRST CHARTER |
| SP | CATAWBA VALLEY BANK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

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| SP | CITIGROUP, INC. | $100,001 - $250,000 | DIVIDENDS | $1,001 - $2,500 | |
| SP | EARTHGRAINS CO. | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | FIRST SAVINGS BANCORP | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | FIRST WESTERN BANK | $1,001 - $15,000 | DIVIDENDS | NONE | |
| SP | GTE CORP | None | DIVIDENDS | $2,501 - $5,000 | MERGED WITH VERIZON WIRELESS |
| SP | GENERAL ELECTRIC CO. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |

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| SP | LUCENT TECHNOLOGIES, INC. | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | MEDIAONE GROUP, INC. | None | DIVIDENDS | NONE | MERGED WITH AT&T |
| SP | SBC COMMUNICATIONS,INC. | $50,001 - $100,000 | DIVIDENDS | $1,001 - $2,500 | |
| SP | US WEST INC. NEW | None | DIVIDENDS | $1 - $200 | MERGED WITH QWEST |
| SP | VODAFONE AIRTOUCH PLC | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| SP | CHARLOTTE-MECK HOSP AUTH, DUE 1/15/22 | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |

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| SP | NC MUNI PWR AGY, 6.5% BOND | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| SP | NC MUNI PWR AGY #1, 6.5% BOND | None | INTEREST | $201 - $1,000 | S |
| SP | NEWTON NC SAN SWR | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| SP | BLUE RHINO CORP | $1,001 - $15,000 | DIVIDENDS | NONE | |

# SCHEDULE A - ASSETS AND "UNEARNED" INCOME

Name THOMAS CASS BALLENGER



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | FIRST CHARTER CORP | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | MERGER BETWEEN FIRST CAROLINA BANCSHARES AND FIRST CHARTER |
| SP | COMMSCOPE, INC. | $1,001 - $15,000 | DIVIDENDS | NONE | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name THOMAS CASS BALLENGER



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | RMA MONEY MARKET | $100,001 - $250,000 | INTEREST | $5,001 - $15,000 | NAME CHANGED FROM BRADFORD CAPITAL MGT |
| JT | RMA MONEY MARKET | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | NAME CHANGED FROM BRADFORD CAPITAL MGT |
| | MEDTECH | $1 - $1,000 | DIVIDENDS | NONE | |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name THOMAS CASS BALLENGER



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| VERIZON WIRELESS | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | MERGER BETWEEN GTE CORPORATION AND VERIZON WIRELESS |
| SP VERIZON WIRELESS | $100,001 - $250,000 | DIVIDENDS | $1,001 - $2,500 | MERGER BETWEEN BELL ATLANTIC AND VERIZON WIRELESS |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name THOMAS CASS BALLENGER



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | BANK OF GRANITE | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| SP | QWEST COMMUNICATIONS INTL, INC. | $1,001 - $15,000 | DIVIDENDS | NONE | MERGER BETWEEN US WEST AND QWEST COMMUNICATIONS |
| SP | AVAYA, INC. | $1 - $1,000 | DIVIDENDS | NONE | SPIN OFF FROM LUCENT TECH < 1,000 |

## SCHEDULE IV - TRANSACTIONS

Name THOMAS CASS BALLENGER



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | WALTON WELL #1 | P | 12/31/00 | $1,001 - $15,000 |
| | BEST FOODS | S | 10/5/00 | $15,001 - $50,000 |
| | INGERSOLL-RAND COMPANY | S | 9/22/00 | $1,001 - $15,000 |
| | MARTIN MARIETTA MATERIALS, INC. | S | 9/28/00 | $1,001 - $15,000 |
| | THE ALLSTATE CORPORATION | S | 2/10/00 | $1,001 - $15,000 |
| | FEDERAL NATIONAL MORTGAGE ASSOC. | S | 5/19/00 | $1,001 - $15,000 |
| | AGILENT TECHNOLOGIES, INC. | P | 11/22/00 | $1,001 - $15,000 |
| | APPLE COMPUTER INCORPORATED | P | 10/11/00 | $1,001 - $15,000 |
| | CISCO SYSTEMS INCORPORATED | P | 11/15/00 | $1,001 - $15,000 |
| | COMMSCOPE INCORPORATED | P | 9/27/00 | $1,001 - $15,000 |
| | CORNING INCORPORATED | P | 11/15/00 | $1,001 - $15,000 |
| | DELL COMPUTER CORPORATION | P | 6/20/00 | $1,001 - $15,000 |

## SCHEDULE IV - TRANSACTIONS

Name THOMAS CASS BALLENGER



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | INTEL CORPORATION | P | 10/11/00 | $1,001 - $15,000 |
| | LUCENT TECHNOLOGIES INCORPORATED | P | 11/22/00 | $1,001 - $15,000 |
| | MINNESOTA MINING & MANUFACTURING | P | 8/14/00 | $1,001 - $15,000 |
| | MOTOROLA INCORPORATED | P | 10/11/00 | $1,001 - $15,000 |
| | PROCTOR & GAMBLE COMPANY | P | 10/11/00 | $1,001 - $15,000 |
| | RAYMOND JAMES FINANCIAL INCORPORATED | P | 7/13/00 | $1,001 - $15,000 |
| | SOLECTRON CORPORATION | P | 12/11/00 | $1,001 - $15,000 |
| | TEXACO INCORPORATED | P | 10/11/00 | $1,001 - $15,000 |
| | CONCENTRIC NETWORK CORP (DELAWARE) | Merged with XO Communications | 12/31/00 | $1,001 - $15,000 |
| | XO COMMUNICATIONS | S | 12/7/00 | $1,001 - $15,000 |
| | PIERRE FOODS, INCORPORATED | S | 12/7/00 | $1,001 - $15,000 |
| | PIERRE FOODS, INCORPORATED | +Merger between Fresh Foods and Pierre Foods | 12/31/00 | $1,001 - $15,000 |

## SCHEDULE IV - TRANSACTIONS

Name THOMAS CASS BALLENGER



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | FRESH FOODS, INC. | Merged with Pierre Foods, Inc. | 12/31/00 | $1,001 - $15,000 |
| SP | WR GRACE & CO. NEW DELAWARE | S | 9/19/00 | $1,001 - $15,000 |
| SP | MANATEE CNTY WATER SEWER 6.1% BOND | S | 10/2/00 | $1,001 - $15,000 |
| SP | US TREAS. NOTE 8.5% | S | 2/11/00 | $15,001 - $50,000 |
| SP | PHOENIX MIDCAP PFT CL A | Merged with Phoenix/Seneca Strat Theme A | 12/31/00 | $15,001 - $50,000 |
| SP | PHOENIX SENECA MIDCAP A | Merger with Phoenix Midcap Pft CL A | 12/31/00 | $15,001 - $50,000 |
| SP | UNIT GSIF GOVT US TRSY 1 MPS | Return of Principal | 6/6/00 | $1,001 - $15,000 |
| SP | MARTHA STEWART LIVING - CL A | Transferred Out | 8/31/00 | $1,001 - $15,000 |
| SP | CORNING, INC. | P | 10/24/00 | $15,001 - $50,000 |
| SP | MINNESOTA MINING & MFG CO. | P | 8/16/00 | $15,001 - $50,000 |
| SP | NC MUN POWER AGY - 1 4.1% BOND | P | 2/28/00 | $15,001 - $50,000 |
| SP | GREAT WEST FUELS #2, LLC | P | 6/30/00 | $1,001 - $15,000 |

## SCHEDULE IV - TRANSACTIONS

Name THOMAS CASS BALLENGER



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | GREAT WEST FUELS #2, LLC | P | 6/30/00 | $1,001 - $15,000 |
| | GREAT WEST FUELS #1, LLC | P | 6/30/00 | $1,001 - $15,000 |
| | RAYMOND JAMES IRA (TECHNOLOGY) | Assets Transferred From Value IRA | 1/1/00 | $50,001 - $100,000 |
| | RAYMOND JAMES IRA (VALUE) | Assets Transferred To Technology IRA | 1/1/00 | $50,001 - $100,000 |
| SP | BELL ATLANTIC CORP. | Merged With Verizon Wireless | 12/31/00 | $15,001 - $50,000 |
| SP | GTE CORP | Merged With Verizon Wireless | 12/31/00 | $100,001 - $250,000 |
| SP | MEDIAONE GROUP, INC. | Merged With AT&T | 7/21/00 | $1,001 - $15,000 |
| SP | NC MUNI PWR AGY #1, 6.5% BOND | S | 1/3/00 | $15,001 - $50,000 |
| SP | CAROLINA FIRST BANCSHARES, INC. | Merged With First Charter | 6/30/00 | $15,001 - $50,000 |
| SP | FIRST CHARTER CORP | Merger Between First Carolina Bancshares + First Charter | 6/30/00 | $15,001 - $50,000 |
| SP | COMMSCOPE, INC. | P | 10/25/00 | $1,001 - $15,000 |
| SP | RMA MONEY MARKET | Name Changed From Bradford Capital Mgt. | 9/1/00 | $100,001 - $250,000 |

## SCHEDULE IV - TRANSACTIONS

Name THOMAS CASS BALLENGER



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | RMA MONEY MARKET | Name Changed From Bradford Capital Mgt. | 9/1/00 | $50,001 - $100,000 |
| | GTE CORPORATION | Merged With Verizon Wireless | 12/31/00 | $15,001 - $50,000 |
| | FRESH FOODS | Merged With Pierre Foods, Inc. | 12/31/00 | $1,001 - $15,000 |
| | GENERAL INSTRUMENT CORPORATION | Merged With Motorola | 12/31/00 | $15,001 - $50,000 |
| | LUCENT TECHNOLOGIES, INC. | S | 9/22/00 | $1,001 - $15,000 |
| | APPLE COMPUTER COMPANY, INC. | S | 12/7/00 | $1,001 - $15,000 |
| | DELL COMPUTER CORPORATION | S | 10/11/00 | $1,001 - $15,000 |
| | XO COMMUNICATIONS | Merger Between Concentric Network + XO Communications | 12/31/00 | $1,001 - $15,000 |
| | VERIZON WIRELESS | Merger Between GTE Corp. and Verizon Wireless | 12/31/00 | $15,001 - $50,000 |
| | MOTOROLA | Merger Between General Instruments and Motorola | 12/31/00 | $15,001 - $50,000 |
| SP | VERIZON WIRELESS | Merger Between Bell Atlantic and Verizon Wireless | 12/31/00 | $100,001 - $250,000 |
| SP | US WEST INC. NEW | Merged With Qwest Communications | 6/30/00 | $1,001 - $15,000 |

## SCHEDULE IV - TRANSACTIONS

Name THOMAS CASS BALLENGER



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | QWEST COMMUNICATIONS | Merger Between US West, Inc. and QWest Communications | 6/30/00 | $1,001 - $15,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name THOMAS CASS BALLENGER



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| PLASTIC PACKAGING, INC. | MAR. 9/11 | WASH., D.C. - HICKORY, NC - WASH. D.C. | N | N | Y | N/A |
| PLASTIC PACKAGING, INC. | JUNE 15-17 | WASH., D.C. - HICKORY, NC - WASH., D.C. | N | N | Y | N/A |
| PLASTIC PACKAGING, INC. | SEPT. 14-16 | WASH., D.C. - HICKORY, NC - WASH., D.C. | N | N | Y | N/A |
| PLASTIC PACKAGING, INC. | DEC. 14-16 | WASH., D.C. - HICKORY, NC - WASH., D.C. | N | N | Y | N/A |

# SCHEDULE VIII - POSITIONS

Name THOMAS CASS BALLENGER



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| CHAIRMAN OF THE BOARD | PLASTIC PACKAGING, INC. |
| LIMITED PARTNER | ASSOCIATED APARTMENT INVESTORS |
| LIMITED PARTNER | OAK PLANTATION ASSOCIATED, LTD. |
| LIMITED PARTNER | DYCO PETROLEUM |

## SCHEDULE IX - AGREEMENTS

Name THOMAS CASS BALLENGER



Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| JANUARY 15, 1998 | SEE ATTACHED LETTER | EARNED INCOME EXEMPTION |

CASS BALLENGER
10TH DISTRICT, NORTH CAROLINA

DEPUTY MAJORITY WHIP
REPUBLICAN STEERING COMMITTEE

COMMITTEE ON EDUCATION
AND THE WORKFORCE
SUBCOMMITTEE ON WORKFORCE PROTECTIONS
(CHAIRMAN)
EMPLOYER-EMPLOYEE RELATIONS

INTERNATIONAL RELATIONS COMMITTEE
SUBCOMMITTEE ON WESTERN HEMISPHERE
SUBCOMMITTEE ON INTERNATIONAL
OPERATIONS AND HUMAN RIGHTS

Congress of the United States
House of Representatives
Washington, DC 20515–3310

2182 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–3310
202–225–3576
cass.ballenger@mail.house.gov

DISTRICT OFFICES:
P.O. BOX 1820
351–10TH AVENUE DRIVE, NE
HICKORY, NC 28603
704–327–8100
1–800–477–2578 TOLL FREE

P.O. BOX 1881
2554 LEWISVILLE–CLEMMONS ROAD
SUITE 107
CLEMMONS, NC 27012
910–766–9488

January 15, 1998

The Honorable James V. Hansen
Chairman
Committee On Standards of Official Conduct
HT2 Capitol
Washington, D. C. 20515

Dear Mr. Chairman:

I am writing to request clarification on the rules governing outside earned income as it relates to a consulting fee I currently receive from my company (see attached letters and replies), as well as a new fringe benefit my company has agreed to offer to me.

As you can see from the attached letters, I have been permitted to receive $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. Plastic Packaging, Inc., a company I founded and in which I have controlling interest, is my prinicpal family investment, and I view it important to remain associated with the business to assure that my investment is protected. In previous reponses from the Committee, this annual amount has not been counted as outside earned income for the purposes of the limitation in Rule XLVII.

Now, in recognition of the services I provide to my company, it has agreed to sponsor a life insurance benefit for me. The life insurance benefit consists of life insurance on my life alone, and life insurance that matures upon the death of the survivor of myself and my wife, Donna. The life insurance benefit is structured under what is known as a Split-Dollar Plan.

The economic benefit that is represented by the life insurance under the Split-Dollar Plan will be reported as income for tax purposes. The value of the benefit for 1997 is approximately $9,500. Given the earlier determination by the Committee as it relates to the $20,000 consulting fee, may I accept the $9,500 without violating the outside earned income limitation of $20,040? I would appreciate advice relative to this matter for calendar year 1997 and beyond.

If you have questions or need clarification on any point, please call me or have your staff

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contact my Chief-of-Staff, Patrick Murphy, at 52576. Thank you for your prompt attention to this matter.

Sincerely,

Cass

CASS BALLENGER
Member of Congress

CB:pm

Enclosures (3)

JAMES V. HANSEN, UTAH
CHAIRMAN
LAMAR SMITH, TEXAS
JOEL HEFLEY, COLORADO
BILL GOODLATTE, VIRGINIA
JOE KNOLLENBERG, MICHIGAN

HOWARD L. BERMAN, CALIFORNIA
RANKING DEMOCRATIC MEMBER
MARTIN OLAV SABO, MINNESOTA
ED PASTOR, ARIZONA
CHAKA FATTAH, PENNSYLVANIA
ZOE LOFGREN, CALIFORNIA

ONE HUNDRED FIFTH CONGRESS

# U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515–6328

SUITE HT-2, THE CAPITOL
(202) 225–7103

February 20, 1998

FEB 25 1998

The Honorable Cass Ballenger
U.S. House of Representatives
2182 Rayburn House Office Building
Washington, DC 20515

Dear Colleague:

This responds to your letter of January 15, 1998 regarding your earned income from Plastic Packaging, Inc., a company that you founded and in which you have the controlling interest. In substance, the question posed in your letter is whether you may accept from the company, in addition a $20,000 per year consulting fee, a life insurance benefit that the company is sponsoring for you in recognition of your services to the company. Your letter states that the benefit is structured under a Split-Dollar Plan, the economic benefit of which is reported as income for tax purposes, and that the value of the benefit for 1997 is approximately $9,500.

As your letter recognizes, while the outside earned income of Members and senior staff is limited by both statute and House rule[1], clause 4(e) of House Rule 47 explicitly excepts a number of items from the definition of the term "outside earned income," and hence from the outside earned income limitation. One part thereof, clause 4(e)(4), provides an exception for income from a family business in the following circumstances:

> in the case of a Member, officer or employee engaged in a trade or business in which the individual or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such individual so long as the personal services actually rendered by the individual in the trade or business do not generate a significant amount of income.

Thus this provision excepts from the outside earned income limit amounts that a Member receives from a business where three requirements are satisfied: (1) the Member or his family holds a controlling interest in the business, (2) the nature of the business is such that both personal services and capital are income-producing factors, and (3) the personal services that the Member renders for the business are of a nature that they do not generate a significant amount of money. The intent of this provision, as reflected in the report of the House Commission on Administrative Review, was that,

[1] 5 U.S.C. app. 4 §501(a); House Rule 47, cl. 1(a).

> Members should be able to render personal services to manage or protect their equity in a family trade or business without having to allocate these personal services toward the 15-percent limitation.

H.Doc. 95-73, 95th Cong., 1st Sess. (Feb. 14, 1977).

In letters to you of February 25, 1987 and October 27, 1990, copies of which you attached to your current letter, the Committee determined the provision's requirements were satisfied with regard to Plastic Packaging and the consulting services (of up to 400 hours per year) that you render for the company, and that hence the $20,000 per year fee that you receive for those services would not be counted toward the outside earned income limit.[2] Both of those letters reflected the Committee's view that your limited efforts in behalf of the company appeared to be aimed at preserving your equity in the company, consistent with the intent of the provision, rather than generating income for the company.

The Committee understands from your current letter that you continue to have the controlling interest in Plastic Packaging. In view of the Committee's prior determinations regarding your consulting fee from the company, the economic benefit of the Split-Dollar Plan life insurance that the company is sponsoring for you, as described in your letter, likewise need not be counted as outside earned income for purposes of the outside earned income limit – provided, however, that there has been no significant change since 1990 in either the nature of the business of Plastic Packaging, or the nature or level of the services that you render for the company. If any such changes have occurred, you should contact the Committee for further advice. Otherwise, the economic benefit of the life insurance, like your consulting fee, should be reported on your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

James V. Hansen
Chairman

Howard L. Berman
Ranking Democratic Member

[2] The Committee's letter of October 27, 1990 also reflected the Committee's determination that the consulting fee you receive from the company does not violate the "fiduciary relationship" provisions of the Ethics in Government Act and the House rules that took effect of January 1, 1991. 5 U.S.C. app. 4 §502(a); House Rule 47, cl. 2.

2210 Rayburn House Office Building
Washington, DC 20515
202-225-2576

COMMITTEES:
EDUCATION AND LABOR
PUBLIC WORKS AND TRANSPORTATION

Congress of the United States
House of Representatives
Washington, DC 20515

Gastonia, NC 28052
704-867-4108

P.O. Box 876
418 South Street
Gastonia, NC 28053
704-864-8822

March 20, 1990

The Honorable Julian Dixon
Chairman
The Committee on Standards of
Official Conduct
HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Julian:

I would appreciate clarification on limitations on outside earned income as it relates to a consulting fee I currently receive (see attached letter) from my company, in light of the changes mandated by the Ethics Reform Act of 1989 (Public Law 101-194).

As you can see from the attached letter, I have been permitted to receive $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. Plastic Packaging, Inc., a company I founded and in which I have controlling interest, is my principal family investment and I view it important to remain associated with the business to assure that my investment is protected.

Please advise me relative to any exemption of these fees from the limits on outside income for calendar year 1990 as prescribed under clause 2(b)(1) of House Rule XLVII as revised by Public Law 101-194. Further, I would appreciate advice relative to this matter for calendar year 1991 and beyond.

If you have questions or need clarification on any point, please call me or have your staff contact my administrative assistant, Patrick Murphy, at 225-2576.

Thank you for your prompt attention to this matter.

Sincerely,

Cass Ballenger

CASS BALLENGER
Member of Congress

CB:pm

Enclosure

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515

February 25, 1987

The Honorable Cass Ballenger
United States House of Representatives
116 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter of January 16, 1987, requesting the advice of this Committee regarding the propriety of your receipt of certain compensation from Plastic Packaging, Inc. Your correspondence elaborates on information provided in an earlier meeting with Committee Counsel Mark Davis.

You explain that you served as President of Plastic Packaging, Inc., from its founding in 1956 until your election to the House of Representatives. While you remain the majority stockholder and Chairman of the Board, you no longer have day-to-day operating responsibilities. In lieu of the salary previously paid to you, Plastic Packaging, Inc., intends to pay you $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. You further explain that Plastics Packaging, Inc., is your principal family investment, and you view it important to remain associated with the business to assure that your investment is protected.

The provision implicated by your inquiry is House Rule XLVII, which limits the amount of outside earned income which a Member of the House of Representatives may receive in a calendar year to 30 percent of the Member's aggregate yearly congressional salary. As provided in the Rule, the term "outside earned income" means "wages, salaries, professional fees, honorariums, and other amounts ... received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(d)(4) of Rules XLVII specifically states that outside earned income does not include--

> in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received

The Honorable Cas Ballenger
February 25, 1987
Page 2

> by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

The Committee is of the opinion that the services you will be performing for Plastic Packaging, Inc., and compensation in the amount specified, fall within the stated exemption. The purpose of the exemption, as stated by the Commission on Administrative Review of the 95th Congress, is to enable Members to protect their interest in a family business. (See, House Document 95-73, p. 11; see also, Advisory Opinion No. 13, House Select Committee on Ethics, 95th Congress.) Further evidence of the fact that your efforts are aimed at preserving your equity, rather than generating a significant amount of income, is the limited time you plan to devote to the business. The Committee also notes that the amount of compensation you will be receiving from the corporation is substantially less than that reported for prior years on the Financial Disclosure Statement which you filed as a candidate.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year. For purposes of clarity, we suggest that you note on the Statement that this income is from a family business and exempt from application of Rule XLVII.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

Floyd D. Spence
Ranking Minority Member

JS:MJD

H.C. DODD
JOHN J. CHAFEE, RHODE ISLAND
JOHN A. PORTER, NEW JERSEY
J. WILLIAM STANDY, NEW YORK
RON DE LUGO, VIRGIN ISLANDS
(202) 225-7103

LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTTER, CHIEF COUNSEL

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

October 27, 1990

The Honorable Cass Ballenger
U.S. House of Representatives
218 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting clarification of the limitations on outside earned income as it relates to a consulting fee you receive from your company. The Committee originally addressed this matter in a letter of February 25, 1987, a copy of which you enclosed with your correspondence.

You explain that while a Member of the House you have accepted $20,000 per year from Plastic Packaging, Inc., for as much as 400 hours of consulting services on implementation of corporate policy decisions. You founded the company and have retained controlling interest in it. It is your principal family investment and you continue to view it important to remain associated with the business to assure that your investment is protected. Consistent with Committee advice, this income has not been treated as subject to the earned income limit of House Rule XLVII. In light of the changes mandated by the Ethics Reform Act of 1989 (P.L. 101-194 as amended by P.L. 101-280), you ask if the Committee's earlier advice continues to apply to your situation.

In 1987, you told the Committee that you were Chairman of the Board of Plastic Packaging, Inc., in addition to being majority stockholder. Your Administrative Assistant, Patrick Murphy, has informed Committee Counsel Mark Davis that this continues to be the case. While the corporation does provide you with transportation to attend board meetings, you receive no compensation other than the $20,000 consulting fee.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit

will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include—

> [I]n the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502), provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not —

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;
>
> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

October 27, 1990
Page 3

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). See Report of the House Bipartisan Task Force on Ethics on H.R. 3660, p. 16, Cong. Rec. (daily ed.), Nov. 21, 1989, E9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." See Task Force Report, supra, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Plastic Packaging, Inc., you are serving as Chairman of the Board but are receiving no compensation other than the consulting fee. (Your receipt of travel expenses to attend board meetings is not considered compensation.) You were paid by Plastic Packaging prior to your election to the House of Representatives, but the $20,000 consulting fee is significantly less than you had been receiving. In addition, the payment is consistent with the policy enunciated in House Rule XLVII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that the services you perform for Plastic Packaging, Inc., and the specified compensation you receive, continue to fall within the cited exemption in House Rule XLVII. Furthermore, your

receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:MJD

MC ✓ (2)

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name THOMAS CASS BALLENGER



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | CONGRESSIONAL FEDERAL CREDIT UNION | $50,001 - $100,000 | INTEREST | $201 - $1,000 | |
| SP | BANK OF GRANITE | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| | BANK OF AMERICA | None | INTEREST | $1 - $200 | |
| | BANK OF AMERICA | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| JT | JORDAN BRIDGE - LOAN HICKORY, NC | $1,001 - $15,000 | INTEREST | NONE | |
| JT | MARK WEAVER - LOAN HICKORY, NC | $15,001 - $50,000 | INTEREST | NONE | |

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LEGISLATIVE RESOURCE CENTER
2001 JUN 13 AM 10: 06



SunTrust

# Summary of Investments

Account: 70-06-302-7023741
T C Ballenger/ehs Unitrust Ima
As of: 06/06/2001

| Units | | Ur | Investment | Price | Market | Asset Allocation Category | Annual Income | Est Annual Income % at Market |
|---|---|---|---|---|---|---|---|---|
| | **Bonds** | | | | | | | |
| 0.0000 | Sti Classic Fd-st Bd | P | $1.01 | $10.07 | $0.00 | | $0.00 | 5.00% |
| | **Total Bonds:** | | $1.01 | | $0.00 | 0.00% | $0.00 | |
| | **Cash** | | | | | | | |
| (368.6000) | Income Cash | I | ($368.60) | $1.00 | ($368.60) | | $0.00 | 0.00% |
| 368.6000 | Principal Cash | P | $368.60 | $1.00 | $368.60 | | $0.00 | 0.00% |
| | **Total Cash:** | | $0.00 | | $0.00 | 0.00% | $0.00 | |
| | **Cash Equivalents** | | | | | | | |
| 4,301.4200 | Sti Classic Fd-prime Mm (ACI) | P | $4,301.42 | $1.00 | $4,301.42 | | $172.87 | 4.02% |
| | **Total Cash Equivalents:** | | $4,301.42 | | $4,301.42 | 2.63% | $172.87 | |
| | **Common Stock** | | | | | | | |
| 196.0000 | Albertsons Inc Com | P | $7,061.73 | $27.73 | $5,435.08 | | $148.96 | 2.74% |
| 900.0000 | Cisco Systems Com | P | $6,775.00 | $21.54 | $19,386.00 | | $0.00 | 0.00% |
| 624.0000 | Compaq Computer Corp Com | P | $13,515.00 | $16.11 | $10,052.64 | | $62.40 | 0.62% |
| 300.0000 | Walt Disney Co | P | $8,187.00 | $31.35 | $9,405.00 | | $63.00 | 0.67% |
| 200.0000 | Hewlett Packard Com | P | $4,019.06 | $30.05 | $6,010.00 | | $64.00 | 1.06% |
| 1,425.0000 | Lowes Cos Inc Com | P | $28,054.68 | $71.18 | $101,431.50 | | $228.00 | 0.22% |
| 250.0000 | Mcdonalds Corp Com | P | $6,281.00 | $29.41 | $7,352.50 | | $53.75 | 0.73% |
| | **Total Common Stock:** | | $73,893.47 | | $159,072.72 | 97.37% | $620.11 | |
| | **Total Portfolio:** | | $78,195.90 | | $163,374.14 | | $792.98 | |

06/08/01 12:03 FAX 202 878 8333 SUNTRUST BANK 002/002

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



James A. Barcia
(Full Name)

2419 Rayburn Washington, DC 20515
(Mailing Address)

202-225-8171
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ✓ Member of the U S House of Representatives | State: MI District: 05 | Officer Or Employee / Employing Office: |
| **Report Type** | ✓ Annual (May 15) | Amendment | Termination / Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes | No ✓ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes | No ✓ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ✓ | No |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ✓ | No |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes | No ✓ |
| VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes | No ✓ |
| VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes | No ✓ |
| VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes | No ✓ |
| IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes | No ✓ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| **Trusts--** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes | No ✓ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes | No ✓ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | J. Barcia | 5-15-01 |

# SCHEDULE III - ASSETS AND "UNE

Nam James A. Barcia



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Michigan Employment Retirement System | $100,001 - $250,000 | Retirement | NONE | |
| | Michigan Deferred Compensation Plans | $15,001 - $50,000 | Retirement | NONE | |
| | Michigan National Bank Accounts | $1 - $1,000 | INTEREST | $1 - $200 | |
| JT | Copoco Credit Union | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| JT | Commerica Inc. - Stocks | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| JT | Fahne Stock Prime Cash Series | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNE

Nam James A Barcia



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Immunex - Stocks | $15,001 - $50,000 | DIVIDENDS | NONE | |
| JT | Washington Mutual Investors | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| | 40 Acres Bordaux Road, Standish, Michigan | $1 - $1,000 | CAPITAL GAINS | NONE | |

# SCHEDULE IV - TRANSACTIONS

Nam James A. Barcia



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | 40 Acres Bordaux Road Standish, Michigan | S | 7/2000 | $15,001 - $50,000 |

HAND DELIVERED

(4)

✓ MC

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



LEGISLATIVE RESOURCE CENTER
2001 MAY 16 PM 4:22
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

James A. Barcia
(Full Name)

2419 Rayburn Washington, DC 20515
(Mailing Address)

202-225-8171
Daytime Telephone

(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: MI District: 05 | ☐ Officer Or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ No ☑ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | James A. Barcia | 5-15-01 |

# SCHEDULE III - ASSETS AND "UNE

Nam James A. Barcia



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Michigan Employment Retirement System | $100,001 - $250,000 | Retirement | NONE | |
| | Michigan Deferred Compensation Plans | $15,001 - $50,000 | Retirement | NONE | |
| | Michigan National Bank Accounts | $1 - $1,000 | INTEREST | $1 - $200 | |
| JT | Copoco Credit Union | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| JT | Commerica Inc. - Stocks | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| JT | Fahne Stock Prime Cash Series | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNE

Nam James A. Barcia



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Immunex - Stocks | $15,001 - $50,000 | DIVIDENDS | NONE | |
| JT | Washington Mutual Investors | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| | 40 Acres Bordaux Road, Standish, Michigan | $1,001 - $15,000 | CAPITAL GAINS | NONE | |

# SCHEDULE IV - TRANSACTIONS

Nam James A. Barcia



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | 40 Acres Bordaux Road Standish, Michigan | S | 7/2000 | $15,001 - $50,000 |

UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**

For use by Members, officers, and employees



HAND DELIVERY (8)

LEGISLATIVE RESOURCE CENTER

2001 MAY 15 PM 5:58

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MC (Office Use Only)

Thomas M. Barrett
(Full Name)

5030 West Washington Boulevard Milwaukee, WI 53208
(Mailing Address)

202-225-3571
Daytime Telephone

**Filer Status** ✓ Member of the U.S. House of Representatives — State: WI — District: 05

Officer Or Employee — Employing Office

**Report Type** ✓ Annual (May 15) — Amendment — Termination — Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes — No ✓

**If yes, complete and attach Schedule I.**

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes — No ✓

**If yes, complete and attach Schedule II.**

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ✓ — No

**If yes, complete and attach Schedule III.**

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ✓ — No

**If yes, complete and attach Schedule IV.**

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes — No ✓

**If yes, complete and attach Schedule V.**

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? — Yes — No ✓

**If yes, complete and attach Schedule VI.**

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? — Yes — No ✓

**If yes, complete and attach Schedule VII.**

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes — No ✓

**If yes, complete and attach Schedule VIII.**

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes — No ✓

**If yes, complete and attach Schedule IX.**

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**Trusts--** **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** — Yes — No ✓

**Exemptions--** **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** — Yes — No ✓

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Thomas M. Barrett | 5/15/01 |

# SCHEDULE III - ASSETS AND "U

Nam Thomas M. Barrett



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| C-Cube Microsystems | $15,001 - $50,000 | CAPITAL LOSS | NONE | S |
| C-Cube Microsystems | $1,001 - $15,000 | CAPITAL GAINS | $201 - $1,000 | S |
| Harmonic Inc | $1,001 - $15,000 | CAPITAL LOSS | NONE | S |
| Harmonic Inc | $1,001 - $15,000 | CAPITAL LOSS | NONE | S |
| Nortel Networks Corp New | $1,001 - $15,000 | CAPITAL LOSS, DIVIDEND | $1 - $200 | S |
| Westell Tech Inc | $1,001 - $15,000 | CAPITAL LOSS | NONE | S |

# SCHEDULE III - ASSETS AND "U

Nam Thomas M. Barrett



BLOCK A

**Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B

**Year-End Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

**Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)

BLOCK D

**Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E

**Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | |
|---|---|---|---|
| ADC Telecom Inc | $1,001 - $15,000 | DIVIDENDS | NONE |
| Bone Care Intl Inc | $1,001 - $15,000 | DIVIDENDS | NONE |
| Medtronic Inc | $15,001 - $50,000 | DIVIDENDS | $1 - $200 |
| Minimed Inc | $1,001 - $15,000 | DIVIDENDS | NONE |
| Sun Microsystems Inc | $15,001 - $50,000 | DIVIDENDS | NONE |
| Tellabs Inc | $15,001 - $50,000 | DIVIDENDS | NONE |

# SCHEDULE III - ASSETS AND "U

Nam Thomas M. Barrett



BLOCK A

## Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.

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## Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

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## Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)

BLOCK D

## Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E

## Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | |
|---|---|---|---|---|
| | Baird & Company General Money Market | $1 - $1,000 | INTEREST | $1 - $200 |
| DC | Southern Company Stock (son Tom's stock) | $1,001 - $15,000 | DIVIDENDS, CAPITAL GAINS | $201 - $1,000 |
| DC | Southern Company Stock (daughter Annie's stock) | $1,001 - $15,000 | DIVIDENDS, CAPITAL GAINS | $201 - $1,000 |
| DC | Southern Company Stock (daugher Erin's stock) | $1,001 - $15,000 | DIVIDENDS, CAPITAL GAINS | $201 - $1,000 |
| | American Funds Group Mutual Fund | $15,001 - $50,000 | DIVIDENDS, CAPITAL GAINS | $2,501 - $5,000 |
| | American Funds Roth IRA (Tom) | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 |

# SCHEDULE III - ASSETS AND "U

Nam Thomas M. Barrett



BLOCK A

**Asset and/or Income Source**

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**Amount of Income**

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BLOCK E

**Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | |
|---|---|---|---|---|
| | American Funds Roth IRA (wife) | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 |
| SP | Equivest Fund Roth IRA (wife) | $1,001 - $15,000 | INTEREST | $201 - $1,000 |
| | Equivest Fund Traditional IRA | $15,001 - $50,000 | CAPITAL LOSS | NONE |
| | Equivest Fund Roth IRA | $1,001 - $15,000 | INTEREST | $201 - $1,000 |
| | Stable Value Fund | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 |
| | Vanguard Inst. Index (Dfrd. Comp.) | $15,001 - $50,000 | DIVIDENDS, CAPITAL GAINS | $2,501 - $5,000 |

# SCHEDULE III - ASSETS AND "U

Nam Thomas M. Barrett



BLOCK A

## Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.

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BLOCK B

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## Type of Income

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BLOCK D

## Amount of Income

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BLOCK E

## Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

:

| | | | | |
|---|---|---|---|---|
| | Janus Fund (Dfrd. Comp.) | $50,001 - $100,000 | DIVIDENDS | $5,001 - $15,000 |
| | DFA US 9-10 Small Co. (Dfrd. Comp.) | $1,001 - $15,000 | CAPITAL GAINS | $201 - $1,000 |
| | Fidelity Contra Funds (Dfrd. Comp.) | $15,001 - $50,000 | CAPITAL GAINS | $5,001 - $15,000 |
| SP | Aetna Annuity (wife) | $1,001 - $15,000 | CAPITAL GAINS | $5,001 - $15,000 |
| | Wisconsin Retirement System (separation value) (income estimated) | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 |
| | Wisconsin Retirement System (wife) | $15,001 - $50,000 | INTEREST | $201 - $1,000 |

# SCHEDULE III - ASSETS AND "U

Nam Thomas M. Barrett



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Cisco Systems | $15,001 - $50,000 | CAPITAL GAINS | $15,001 - $50,000 | S |
| | Educators Credit Union | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| SP | Educators Credit Union (wife) | $1,001 - $15,000 | INTEREST | $1 - $200 | |

# SCHEDULE IV - TRANSACTIONS

Nam Thomas M. Barrett



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Westell Tech Inc | S | 09/13/2000 | $1,001 - $15,000 |
| | Nortel Networks Corp New | S | 11/02/2000 | $1,001 - $15,000 |
| | Harmonic Inc | S | 06/12/2000 | $1,001 - $15,000 |
| | C-Cube Microsystems | S | 09/13/2000 | $1,001 - $15,000 |
| | Harmonic Inc | S | 0612/2000 | $1,001 - $15,000 |
| | Cisco Systems | S | 04/24/2000 | $15,001 - $50,000 |

# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**

For use by Members, officers, and employees



HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2001 JUN 14 AM 10: 37

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Thomas M Barrett
(Full Name)

5030 West Washington Boulevard Milwaukee, WI 53208
(Mailing Address)

202-225-3571
Daytime Telephone

**Filer Status**

☑ Member of the U S House of Representatives — State WI District: 05

Officer Or Employee

Employing Office

**Report Type**

☑ Annual (May 15) ◯ Amendment

Termination

Termination Date

(Use Only)

✓ MC

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☐ No ☑

**If yes, complete and attach Schedule I.**

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☐ No ☑

**If yes, complete and attach Schedule II.**

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐

**If yes, complete and attach Schedule III.**

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☑ No ☐

**If yes, complete and attach Schedule IV.**

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☐ No ☑

**If yes, complete and attach Schedule V.**

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? — Yes ☐ No ☑

**If yes, complete and attach Schedule VI.**

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? — Yes ☐ No ☑

**If yes, complete and attach Schedule VII.**

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☐ No ☑

**If yes, complete and attach Schedule VIII.**

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑

**If yes, complete and attach Schedule IX.**

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**Trusts--** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

**Exemptions--** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.

Signature of Reporting Individual: Thomas M. Barrett

Date (Month, Day, Year): 6/14/01

# SCHEDULE III - ASSETS AND "U

Nam Thomas M. Barrett



BLOCK A

## Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B

## Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

## Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)

BLOCK D

## Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E

## Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | |
|---|---|---|---|---|
| C-Cube Microsystems | None | CAPITAL GAINS | $201 - $1,000 | S |
| ADC Telecom Inc | $1,001 - $15,000 | DIVIDENDS | NONE | |
| Bone Care Intl Inc | $1,001 - $15,000 | DIVIDENDS | NONE | |
| Medtronic Inc | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| Minimed Inc | $1,001 - $15,000 | DIVIDENDS | NONE | |
| Sun Microsystems Inc | $15,001 - $50,000 | DIVIDENDS | NONE | |

# SCHEDULE III - ASSETS AND "U

Nam Thomas M. Barrett



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Tellabs Inc | $15,001 - $50,000 | DIVIDENDS | NONE | |
| | Baird & Company General Money Market | $1 - $1,000 | INTEREST | $1 - $200 | |
| DC | Southern Company Stock (son Tom's stock) | $1,001 - $15,000 | DIVIDENDS, CAPITAL GAINS | $201 - $1,000 | |
| DC | Southern Company Stock (daughter Annie's stock) | $1,001 - $15,000 | DIVIDENDS, CAPITAL GAINS | $201 - $1,000 | |
| DC | Southern Company Stock (daugher Erin's stock) | $1,001 - $15,000 | DIVIDENDS, CAPITAL GAINS | $201 - $1,000 | |
| | American Funds Group Mutual Fund | $15,001 - $50,000 | DIVIDENDS, CAPITAL GAINS | $2,501 - $5,000 | |

# SCHEDULE III - ASSETS AND "U

Nam Thomas M Barrett



BLOCK A

**Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B

**Year-End Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

**Type of Income**

If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)

BLOCK D

**Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E

**Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | |
|---|---|---|---|---|
| | American Funds Roth IRA (Tom) | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 |
| | American Funds Roth IRA (wife) | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 |
| SP | Equivest Fund Roth IRA (wife) | $1,001 - $15,000 | INTEREST | $201 - $1,000 |
| | Equivest Fund Traditional IRA | $15,001 - $50,000 | CAPITAL LOSS | NONE |
| | Equivest Fund Roth IRA | $1,001 - $15,000 | INTEREST | $201 - $1,000 |
| | Stable Value Fund | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 |

# SCHEDULE III - ASSETS AND "U

Nam Thomas M. Barrett



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Vanguard Inst. Index (Dfrd. Comp.) | $15,001 - $50,000 | DIVIDENDS, CAPITAL GAINS | $2,501 - $5,000 | |
| Janus Fund (Dfrd. Comp.) | $50,001 - $100,000 | DIVIDENDS | $5,001 - $15,000 | |
| DFA US 9-10 Small Co. (Dfrd. Comp.) | $1,001 - $15,000 | CAPITAL GAINS | $201 - $1,000 | |
| Fidelity Contra Funds (Dfrd. Comp.) | $15,001 - $50,000 | CAPITAL GAINS | $5,001 - $15,000 | |
| SP Aetna Annuity (wife) | $1,001 - $15,000 | CAPITAL GAINS | $5,001 - $15,000 | |
| Wisconsin Retirement System (separation value) (income estimated) | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |

# SCHEDULE III - ASSETS AND "U

Nam Thomas M. Barrett



BLOCK A

## Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B

## Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

## Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)

BLOCK D

## Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E

## Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | | |
|---|---|---|---|---|---|
| | Wisconsin Retirement System (wife) | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| | Cisco Systems | None | CAPITAL GAINS | $15,001 - $50,000 | S |
| | Educators Credit Union | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| SP | Educators Credit Union (wife) | $1,001 - $15,000 | INTEREST | $1 - $200 | |

# SCHEDULE IV - TRANSACTIONS

Nam Thomas M. Barrett



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Westell Tech Inc | S | 09/13/2000 | $1,001 - $15,000 |
| | Nortel Networks Corp New | S | 11/02/2000 | $1,001 - $15,000 |
| | Harmonic Inc | S | 06/12/2000 | $1,001 - $15,000 |
| | C-Cube Microsystems | S | 09/13/2000 | $1,001 - $15,000 |
| | Harmonic Inc | S | 06/12/2000 | $1,001 - $15,000 |
| | Cisco Systems | S | 04/24/2000 | $15,001 - $50,000 |
| | Harmonic Inc | P | 04/24/2000 | $15,001 - $50,000 |
| | Nortell Networks | P | 06/13/2000 | $1,001 - $15,000 |
| | Westell Tech Inc | P | 04/24/2000 | $1,001 - $15,000 |
| | ADC Telecom Inc | P | 09/13/2000 | $1,001 - $15,000 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:28
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

(4)

MC

Dr. Roscoe G. Bartlett, Jr.
(Full Name)

2412 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202-225-2721

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: MD District: 06 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Bartlett | 5-15-2001 |

Name Roscoe G. Bartlett

Page 2 of 4

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Maryland State Retirement System | Pension | $14,555.28 |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Roscoe G. Bartlett

Page 3 of 4

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* | SP | Mega Corp. Stock | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| | | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | |
| | 4317 Buckeystown Pike ~~Frederick, Maryland~~ | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | X | | | |
| | Congressional Credit Union | | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| | Putnam Bonds | | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | |
| | Lot 49-Thurmont East Thurmont, Maryland (.5 acre) | | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Bartlett

Page 4 of 4

| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Spruce Knob Lake Forest Service Road 153 acres Pocahontas Co., WVA w/two houses | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Six Mile Road Onaway, MI 80 acres and house | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Mortgage-Joe Bartlett 8927 Mt. Tabor Road Middletown, Maryland | | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Precious Metals | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Frederick Co. National Bank-Checking Account | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Loan to the Campaign | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |

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# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:44
U.S. HOUSE OF REPRESENTATIVES

9
MC

Joe Linus Barton
(Full Name)

2264 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202/225-2002
Daytime Telephone

(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: TX District: 06 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | Joe Barton | May 15 2001 |

# SCHEDULE I - EARNED INCOME

Na Joe Linus Barton



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Ennis Independent School District | Spouse Salary | $12,213 |

# SCHEDULE II - PAYMENTS IN LIEU OF HO

Na Joe Linus Barton



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Kings Communications | Speech | Feb. 15, 2000 | $1,000 |
| Natural Gas Supply Association | Speech | Mar. 8, 2000 | $1,500 |
| Edison Electric Institute | Speech | Sept. 25, 2000 | $2,000 |

# SCHEDULE III - ASSETS AND "U

Na Joe Linus Barton



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Main Bank Ennis | $15,001 - $50,000 | Interest | $201 - $1,000 | |
| JT | Ennis Business Forms | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| JT | BP Amoco | $1,001 - $15,000 | Dividends | $1 - $200 | |
| JT | TXU Corporation | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| JT | Wal-Mart | $1,001 - $15,000 | Dividends | $1 - $200 | |
| JT | SBC Corporation | $1,001 - $15,000 | Dividends | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "U

Na Joe Linus Barton



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Vanguard Common Stock | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| JT | Vanguard 500 Index | $1,001 - $15,000 | Dividends | $1 - $200 | |
| SP | Vanguard Asset | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| SP | Main Bank Ennis | $1,001 - $15,000 | Interest | $1 - $200 | |
| JT | Main Bank Ennis | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| JT | Cripple Creek #16 | $15,001 - $50,000 | Rent | $5,001 - $15,000 | |

# SCHEDULE III - ASSETS AND "U

Na Joe Linus Barton



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Cripple Creek #99 | $15,001 - $50,000 | Rent | $5,001 - $15,000 | |
| JT | Reebok | $1 - $1,000 | Interest | NONE | S |

# SCHEDULE IV - TRANSACTIONS

Na Joe Linus Barton



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Reebok | S | 3-15-00 | $1-$1000 |

# SCHEDULE V - LIABILITIES

Na Joe Linus Barton



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| JT | Liberty Lending Cincinnati/Wilmington, OH | Mortgage on Cripple Creek Condo, 904 University Oaks #16, College Station, TX | $15,001 - $50,000 |
| JT | First American Bank Bryan, Texas | Mortgage on Cripple Creek Condo, 904 University Oaks #99, College Station, TX | $15,001 - $50,000 |

# SCHEDULE VII - TRAVEL PAYMENTS

Na Joe Linus Barton



**Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.**

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Universidad de las Americas, Puebla, Mexico | Feb. 25-26 | DFW, TX--Puebla, Mexico--DFW, TX | Y | Y | N | N |
| New York Building Congress | Mar. 26-27 | DFW, TX--New York--Wash, DC | Y | N | N | N |
| The Aspen Institute | June 9-11 | Wash, DC--Aspen, CO--Wash, DC | Y | Y | N | N |
| Edison Electric Institute | Sept. 25 | Wash, DC--Boston--Wash, DC | N | Y | N | N |
| National Mining Association | Oct. 6-9 | DFW, TX--Las Vegas--DFW, TX | Y | Y | N | N |
| Western Regional Council | Dec. 10-11 | DFW, TX--Phoenix, AZ--DFW, TX | Y | Y | N | N |

JOE BARTON
6TH DISTRICT, TEXAS

2264 RAYBURN BUILDING
WASHINGTON, DC 20515-4306
(202) 225-2002

REPUBLICAN STEERING COMMITTEE
REGIONAL REPRESENTATIVE

CHAIRMAN, ENERGY AND POWER
SUBCOMMITTEE

COMMITTEE ON
ENERGY AND COMMERCE

COMMITTEE ON SCIENCE

# Congress of the United States
## House of Representatives
### Washington, DC 20515–4306

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June 11, 2001

The Honorable Jeff Trandahl
Clerk of the House of Representatives
H-154 The Capitol
Washington, DC 20515

Dear Mr. Trandahl:

Enclosed with this letter is an addition to Schedule III and an amended Schedule IV for my year 2000 financial disclosure filing. Please include the additional Schedule III page and substitute this new Schedule IV for that included in my Financial Disclosure Statement for 2000 filed on May 15, 2001.

Thank you for your attention to this matter. If I can be provide any additional information regarding this filing, please feel free to contact me at 225-2002.

Sincerely,

Joe Barton

Joe Barton
Member of Congress

ARLINGTON OFFICE:
805 WASHINGTON DRIVE, SUITE F
ARLINGTON, TX 76011

ENNIS OFFICE:
303 WEST KNOX, SUITE 201
ENNIS, TX 75119-3842
817-543-1000 (main number for all offices)
Homepage: http://www.house.gov/barton/welcome.html

FORT WORTH OFFICE:
4521 SOUTH HULEN STREET,
SUITE 210
FORT WORTH, TX 76109

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# SCHEDULE III - ASSETS AND "U

Na Joe Linus Barton - amended



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Vanguard US Stock Index | $1,001 - $15,000 | Interest | $1 - $200 | |

# SCHEDULE IV - TRANSACTIONS

Na Joe Linus Barton - amended



**Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.**

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Reebok | S | 3-15-00 | $1-1000 |
| JT | Vanguard 500 Index | P | 4-3-00 | $1,001 - $15,000 |
| SP | Vanguard Asset Allocation | P | 1-2-00 | $15,001 - $50,000 |
| SP | Vanguard US Stock Index | P | 10-5-2000 | $1,001 - $15,000 |
| SP | Vanguard US Stock Index | | | |

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HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

Form A
For use by Members, officers, and employees

(8) HAND DELIVERED

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2001 MAY 21 PM 2:20
MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Charles F. Bass
(Full Name)

128 Elm Hill Road
(Mailing Address)

Peterborough NH 03458
Daytime Telephone: 603-226-0249

Filer Status: [X] Member of the U.S. House of Representatives — State: NH District: 02 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001)

| CERTIFICATION | SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month/Day/Year) |
|---|---|---|
| **I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.** | Charles F. Bass | May 16, 2001 |

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | High Standard, Inc | Consulting Fee | $10,000.00 |
| | Columbia Architectural Products, Inc. | Consulting Fee | $10,000.00 |
| | High Standard, Inc | Spouse salary | NA |
| | Columbia Architectural Products, Inc. | Spouse salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period; and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.<br><br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None". | If other than one of the listed categories, specify the type of income by writing a brief description in this block. | For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
| SP. Mega Corp. Stock<br>DC *Examples* SP. 123 Main St., Dover, Del.<br>JT 1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| Bass Partners | $1,000,001 - $5,000,000 | Interest, Rent | $15,001 - $50,000 | NA |
| IRA, AG Edwards, POB 353, Greenfield, MA | $50,001 - $100,000 | NA | None | NA |
| Nucor Corp. | $15,001 - $50,000 | Dividends | $201 - $1,000 | NA |
| Granite Bank Checking Account | $15,001 - $50,000 | Interest | $201 - $1,000 | NA |
| Real Estate, Edgartown, MA | $50,001 - $100,000 | NA | None | NA |
| Columbia Architectural Products, Inc. stock | $100,001 - $250,000 | NA | None | NA |
| Lancaster National Bank stock | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | NA |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| | Granite Bank stock | $1.001 - $15.000 | Dividends | $1 - $200 | NA |
| | AG Edwards cash account | $1 - $1.000 | Interest | $1 - $200 | NA |
| | Wright Patman Federal Credit Union | $1.001 - $15.000 | NA | None | NA |
| JT | Milford Recap Partnership | $15.001 - $50.000 | NA | None | NA |
| SP | IRA, AG Edwards | $15.001 - $50.000 | NA | None | NA |
| SP | Granite Bank checking account | $1.001 - $15.000 | Interest | $1 - $200 | NA |
| | High Standard, Inc. term loan | $15.001 - $50.000 | Interest | $1.001 - $2.500 | NA |
| SP | Granite Bank stock | $1.001 - $15.000 | Dividends | $1 - $200 | NA |
| SP | ITT Hartford Annuity | $50.001 - $100.000 | NA | None | NA |
| DC | Growth Fund of America | $1.001 - $15.000 | NA | None | NA |
| DC | Growth Fund of America | $1.001 - $15.000 | NA | None | NA |
| | Manulife Financial Corp. | $1.001 - $15.000 | NA | None | Proceeds from the conversion from mutual to stock company |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| *Example* | Mega Corporation Common Stock | Purchase | 10/12/1999 | $15,001 - $50,000 |
| | Certificate of Deposit | Sold | December 2000 | $1,001 - $15,000 |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

| SP,DC,JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| | Citicorp Mortgage Company | Mortgage, 1629 21st St. NW, Washington, DC 20515 (Bass Partners) | $250,001 - $500,000 |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Republican Mainstreet Partnership | April 24-26, 2000 | DCA-SF-DCA | Y | Y | N | None |

**Name** Charles F. Bass **Page** ____ **of** ____

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise; any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Consultant | High Standard, Inc., Columbia Architectural Products, Inc. |

CHARLES F. BASS
2D DISTRICT, NEW HAMPSHIRE

218 CANNON BUILDING
WASHINGTON, DC 20515-2902
(202) 225-5206
e-mail: cbass@mail.house.gov
web page: www.house.gov/bass

**Congress of the United States**
**House of Representatives**

COMMITTEE ON THE BUDGET

COMMITTEE ON
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEE ON AVIATION
SUBCOMMITTEE ON SURFACE TRANSPORTATION

PERMANENT SELECT
COMMITTEE ON INTELLIGENCE
SUBCOMMITTEE ON HUMAN INTELLIGENCE, ANALYSIS, AND COUNTERINTELLIGENCE

June 13, 2001

The Honorable Joel Hefley
Chairman
Committee on Standards of Official Conduct
Suite HT-2, The Capitol
Washington, D.C. 20515

MC

Dear Chairman Hefley:

Please find enclosed a resubmission of Schedule III of my 2000 Financial Disclosure Form. I have amended it to include more information.

If you have questions, please call Lindsey Lorinovich, of my staff. She would be happy to answer them.

Sincerely,

Charles F. Bass
Member of Congress

CFB:ll

HAND DELIVERED

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REPLY TO:

☐ 142 NORTH MAIN STREET
CONCORD, NH 03301
(603) 225-0249

☐ 170 MAIN STREET
NASHUA, NH 03060
(603) 889-8772

☐ 2 COTTAGE STREET
LITTLETON, NH 03561
(603) 444-1771

☐ ONE WEST STREET
SUITE 308
KEENE, NH 03431
(603) 358-6084

Name CHARLES BASS | Page ___ of ___

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: | SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | Royalties | | | | | | | | | | | | P |
| | | | Simon & Schuster | | | | Indefinite | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | | | 1765 R St., NW/WASH, DC | | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | |
| | | | 1629 21st St., NW/WASH, DC | | | | | | | | | X | | | | | X | | | | | | | | | | X | | | | | | | |
| | | | LEGG MASON VALUE TRUST | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | CAP INDUSTRIES STOCK | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | GRANITE BANK CHECKING ACCT | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | | | GRANITE BANK MONEY MKT ACCT | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHARLES BASS | Page ___ of ___

| SP DC JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | SUSAN RUGER STOCK | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | IRA, AG EDWARDS, POB $53 | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NUCOR CORP | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | GRANITE BANK CHECKING ACCT | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | REAL ESTATE, EDGARTOWN MA | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | LANCASTER NATL. BANK SEC | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | GRANITE BANK STOCK | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | AG EDWARDS CASH ACCT | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | WRIGHT PATMAN FCU | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | HIGH STD, INC TERM LOAN | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| J | HILFORD RECAP PARTNERS | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | IRA AG EDWARDS | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | GRANITE BANK CHECKING | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| S | GRANITE BANK STOCK | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| S | ITT HARTFORD ANNUITY | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | HANUWEE FINANCIAL CORP | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |

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MC (Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

Xavier Becerra
(Full Name)

1910 W. Sunset Blvd., #560
(Mailing Address)

Los Angeles, CA 90026

Daytime Telephone
213-483-1425

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Calif. District: 30th | [ ] Officer or Employee — Employing Office | **A *$200 penalty* shall be assessed against anyone who files more than 30 days late.** |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Xavier Becerra | 5-15-01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Cedar-Sinai Medical Center | Spouse Salary | n/a |
| | National Alliance for Hispanic Health | Spouse Writing Fee | $1,000 |
| | U.S. Dept. of Health & Human Services | | |
| | Secretary's Committee on Infant Mortality | Spouse Per Diem | n/a |
| | University of California, San Francisco | Spouse Speech | $750 |
| | U.S. Dept. of Health & Human Services, Office of Minority Health | Spouse Speech | $250 |
| | | | |
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| | | | |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | Calif. Cable Television Assoc., Oakland, CA | Govt. Roundtable | 12-01-00 | $1,000 |

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Name Xavier Becerra



## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples* | SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | 1005 Mooney Dr., MP | | | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| JT | Washington Mutual Ck | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Cong Credit Union - S | | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Cong Credit Union Ck | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Cal Fed - Savings | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Golden One CU - Sav | | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Xavier Becerra



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Merrill Lynch - Ck | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | |
| JT | AT&T | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | |
| JT | America Online | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | P |
| JT | American Express | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |
| JT | Amer Intl Group Inc. | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |
| JT | Amger Inc. | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | P |
| JT | Anheuser Busch Inc | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |
| JT | Boeing Company | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |
| JT | Chase Manhattan Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |
| JT | Citi Group Inc | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | |
| JT | Chevron Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |
| JT | Cisco Systems Inc | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | P |
| JT | Walt Disney Co. | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | |
| JT | EMC Corp | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | P |
| JT | Exxon Mobil Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |
| JT | Fleet Boston Financial | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |
| JT | General Electric | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | |
| JT | General Mills | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |
| JT | Home Depot | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |
| JT | Intel Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | |
| JT | Kohls Corp | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | P |
| JT | Lucent Tech | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Xavier Becerra



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Mellon Financial | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Medtronic Inc. | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Merck | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | Microsoft Corp | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | Motorola Inc | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | Nortel Networks | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Nokia Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | Pharmacia Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Pepsico Inc | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Pfizer Inc | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Qualcomm Inc | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | Safeway Inc | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | SBC Communications | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Schumberger | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Sun Microsystems | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | Time Warner | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | Texaco Inc | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Tyco Intl | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | Tibco Software | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | Tricon Global | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | United Parcel | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | United Tech Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Xavier Becerra



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Verizon | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Walmart Stores | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Walgreen | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Weyerhauser | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Worldcom Inc | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | America Online | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | Cisco Systems | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | McDonald's Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | America Online | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | Cisco Systems | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | McDonald's Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | America Online | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | Cisco Systems | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | McDonald's Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | Alliance Premier Grwt | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | Davis NT Venture | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | Hartford Capital | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | ING Pilgrim | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | Merrill Lynch Global | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | Nokia Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | Goldman Sachs Growth | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | Nokia Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Xavier Becerra



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Alliance Tech | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | Goldman Sachs Internt | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | Merrill Lynch Global | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | Nokia Corp | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| JT | Munder Net Net | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Becerra for Congress (Loan) | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Xavier Becerra



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | America Online | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| DC | Cisco | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| DC | Goldman Sachs Internet | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | Lucent | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| DC | McDonald's | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | Motorola | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| DC | Nokia | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | United Panam Financial | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Xavier Becerra



| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | Honeywell | X | | | 2-02-01 | X | | | | | | | | | |
| JT | Bristol Meyers Squibb | X | | | 2-02-01 | X | | | | | | | | | |
| JT | Kroger | X | | | 2-02-01 | X | | | | | | | | | |
| JT | Proctor & Gamble | X | | | 2-02-01 | X | | | | | | | | | |
| JT | Scheriny Plough | X | | | 2-02-01 | X | | | | | | | | | |
| JT | Texas Instruments | X | | | 2-02-01 | X | | | | | | | | | |
| JT | GRP Telusa | X | | | 2-02-01 | X | | | | | | | | | |
| JT | Tellabs | X | | | 2-02-01 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Xavier Becerra



| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | America Online | X | | | 2-02-00 | X | | | | | | | | | |
| JT | American Express | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Amer Intl. Group | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Amger Inc | X | | | 3-01-00 | X | | | | | | | | | |
| JT | Anheuser Busch | X | | | 5-26-00 | X | | | | | | | | | |
| JT | Anheuser Busch | X | | | 10-26-00 | X | | | | | | | | | |
| JT | Boeing Company | X | | | 6-28-00 | X | | | | | | | | | |
| JT | Chase Manhattan | X | | | 3-09-00 | X | | | | | | | | | |
| JT | Citi Group | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Chevron Corp | X | | | 10-23-00 | X | | | | | | | | | |
| JT | Cisco Systems | X | | | 2-02-00 | X | | | | | | | | | |
| JT | EMC Corp | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Exxon Mobil Corp | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Fleet Boston Financial Corp | X | | | 2-02-00 | X | | | | | | | | | |
| JT | General Electric | X | | | 2-02-00 | X | | | | | | | | | |
| JT | General Mills | X | | | 9-06-00 | X | | | | | | | | | |

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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## SCHEDULE IV — TRANSACTIONS

Name Xavier Becerra



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10-12-00 | | X | | | | | | | | |
| JT | Home Depot | X | | | 10-28-00 | X | | | | | | | | | |
| JT | Kohls Corp | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Lucent Tech Inc. | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Mellon Financial Corp | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Medtronic Inc | X | | | 5-15-00 | X | | | | | | | | | |
| JT | Merck & Co | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Microsoft Corp | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Nortel Networks | X | | | 5-01-00 | X | | | | | | | | | |
| JT | Pharmacia Corp | X | | | 3-28-00 | X | | | | | | | | | |
| JT | Pepsico Inc | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Pfizer Inc | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Safeway Inc | X | | | 2-02-00 | X | | | | | | | | | |
| JT | SBC Communications | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Schumberger | X | | | 4-26-00 | X | | | | | | | | | |
| JT | Sun Microsystems | X | | | 7-18-00 | X | | | | | | | | | |
| JT | Texaco Inc | X | | | 2-02-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Xavier Becerra

Page 12 of 16

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | Tibco Software | X | | | 10-26-00 | X | | | | | | | | | |
| JT | United Tech Corp | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Verizon Communications | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Walmart Stores | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Walgreen | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Weyerhauser | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Worldcom Inc | X | | | 2-02-00 | X | | | | | | | | | |
| JT | Alliance Tech | X | | | 2-11-00 | X | | | | | | | | | |
| JT | Davis NT Venture | X | | | 2-11-00 | X | | | | | | | | | |
| JT | Hartford Capital | X | | | 2-11-00 | X | | | | | | | | | |
| JT | ING Pilgrim | X | | | 2-11-00 | X | | | | | | | | | |
| JT | Merrill Lynch Global | X | | | 2-11-00 | X | | | | | | | | | |
| JT | Merrill Lynch Global Growth | X | | | 2-11-00 | X | | | | | | | | | |
| JT | Intel | [illegible] | | | [illegible] | | | | | | | | | | |
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## SCHEDULE IV — TRANSACTIONS

Name Xavier Becerra



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | Conoco Inc | | X | | 04-11-00 | X | | | | | | | | | |
| JT | Honeywell Intl Inc | | X | | 06-28-00 | X | | | | | | | | | |
| JT | Infinity Broadcasting | | X | | 05-03-00 | X | | | | | | | | | |
| JT | AT&T | | X | | 07-17-00 | X | | | | | | | | | |
| JT | Bristol Meyers Squibb | | X | | 10-26-00 | X | | | | | | | | | |
| JT | Kroger | | X | | 04-26-00 | X | | | | | | | | | |
| JT | Lucent Tech | | X | | 03-22-00 | X | | | | | | | | | |
| JT | MCI Worldcom | | X | | 03-28-00 | X | | | | | | | | | |
| JT | Proctor Gamble | | X | | 08-01-00 | X | | | | | | | | | |
| JT | Schering Plough | | X | | 03-28-00 | X | | | | | | | | | |
| JT | Tellabs | | X | | 06-15-00 | X | | | | | | | | | |
| JT | Texas Instruments | | X | | 08-04-00 | X | | | | | | | | | |
| JT | United Tech | | X | | 08-15-00 | X | | | | | | | | | |
| JT | Automatic Data | | X | | 11-08-00 | X | | | | | | | | | |
| JT | Group Telusa | | X | | 07-10-00 | X | | | | | | | | | |
| JT | Tyco Intl | | X | | 11-08-00 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Wells Fargo Bank, Calif. | Mortgage 1005 E. Mooney Monterey Park | | | X | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
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**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| American Israel | | | | | | | |
| Education Foundation | | 2/17-23 | DC - Israel - DC | Y | Y | N | N |
| Congressional Hispanic | | | | | | | |
| Caucus Institute (CHCI) | | 5/22 | NY City - DC | N | Y | N | N |
| Congressional Hispanic | | | | | | | |
| Caucus Institute | | 1/21-22 | LA - Puerto Rico - LA | Y | Y | N | N |
| | | | | | | | |
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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Trustee | Pitzer College |
| Board Member | National Assoc. of Latino Elected & Appointed Officials (NALEO) |
| Board Member | Close Up Foundation |
| Board Member | Congressional Hispanic Caucus Institute |
| Board Member | Los Angeles Annenberg Metropolitan Project (LAAMP) |
| Board Member | Families in Schools |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees

Kenneth E. Bentsen, Jr.
(Full Name)

405 Cannon HOB ~~[illegible]~~ Wash DC 20515
(Mailing Address)

202-225-7508
Daytime Telephone

(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: TX, District: 25 | ☐ Officer Or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | [signature] | 5-15-01 |

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# SCHEDULE I - EARNED INCOME

Nam Kenneth E. Bentsen, Jr.



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Susan G. Komen Breast Cancer Foundation Inc. | Spouse Salary | $50,020.88 |

# SCHEDULE III - ASSETS AND "UNE

Nam Kenneth E. Bentsen, Jr.



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| NN | Fidelity Cash Reserves | $1 - $1,000 | Interest | $1 - $200 | PS |
| | Fidelity Puritan IRA | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | PE |
| | Fidelity Magellan IRA | $15,001 - $50,000 | Capital Gains and Dividends | $1,001 - $2,500 | P |
| | Fidelity Capital & Income | $1,001 - $15,000 | Interest | $201 - $1,000 | P |
| | Fidelity Puritan Rollover | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | P |
| | Fidelity Puritan Rollover | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | P |

# SCHEDULE III - ASSETS AND "UNE

Nam Kenneth E. Bentsen, Jr.



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Fidelity Contrafund Rollover | $15,001 - $50,000 | Capital Gains and Dividends | $1,001 - $2,500 | P |
| Fidelity Growth & Income | $1,001 - $15,000 | Capital Gains and Dividends | $1,001 - $2,500 | PE |
| Estate of Edna R. Bentsen | $1,001 - $15,000 | Interest, Dividends and Royalties | $1,001 - $2,500 | |
| 1991 Trust Estate LMB, Sr. | $100,001 - $250,000 | Dividends | $15,001 - $50,000 | |
| 1987 Trust LMB, Sr. | $15,001 - $50,000 | Dividends | $5,001 - $15,000 | |
| Estate of Edna R. Bentsen LMB Partnership | $100,001 - $250,000 | Dividends | $15,001 - $50,000 | |

# SCHEDULE III - ASSETS AND "UNE

Nam Kenneth E. Bentsen, Jr.



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | SP Fidelity Magellan IRA | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | |
| SP | SP Fidelity Puritan IRA | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | |
| | George K. Baum & Co Gold Account Dreyfus Money Market | $1,001 - $15,000 | Interest | $1 - $200 | |
| SP | Merrill Lynch/SGK 403 Account | $1 - $1,000 | Dividends | $1 - $200 | |

# SCHEDULE IV - TRANSACTIONS

Nam Kenneth E. Bentsen, Jr.



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Fidelity Cash Reserves | P | 6/30/00 | $1,001 - $15,000 |
| | Fidelity Cash Reserves | P | 8/09/00 | $1,001 - $15,000 |
| | Fidelity Puritan | PE | 6/30/00 | $1,001 - $15,000 |
| | Fidelity Puritan | E | 8/09/00 | $1,001 - $15,000 |
| | Fidelity Growth and Income | E | 6/30/00 | $1,001 - $15,000 |
| | Fidelity Growth and Income | S | 8/09/00 | $1,001 - $15,000 |
| SP | Merrill Lynch/SGK 403 Account | P | Annual | $1,001 - $15,000 |
| | Fidelity Magellan | P | Quarterly Reinvest | $1,001 - $15,000 |
| | Fidelity Capital and Income | P | Quarterly Reinvest | $1,001 - $15,000 |
| | Fidelity Contrafund | P | Quarterly Reinvest | $1,001 - $15,000 |
| | Fidelity Growth and Income | P | Quarterly Reinvest | $1,001 - $15,000 |
| | Fidelity Puritan | P | Quarterly Reinvest | $1,001 - $15,000 |

# SCHEDULE IV - TRANSACTIONS

Nam Kenneth E. Bentsen, Jr.



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | Merrill Lynch/SGK 403 Account | P | Monthly deduction | $1,001 - $15,000 |

# SCHEDULE VII - TRAVEL PAYMENTS AN

Nam Kenneth E. Bentsen, Jr.



**Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.**

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| InternationalManagement & Develop. Institute | Jan 12-16 | Wash.,D.C. - Baden Baden, Germany-Wash.,D.C. | Y | Y | Y | None |
| New Democrat Network | Jan 21-23 | Houston-Orlando-Wash., D.C. | Y | Y | Y | None |
| Impac 2000 | Feb 13-14 | Wash., D.C.-New Orleans-Wash.,D.C. | Y | Y | N | None |
| Impac 2000 | July 30-31 | Houston-Chicago-Houston | N | N | N | None |

# SCHEDULE VIII - POSITIONS

Nam Kenneth E. Bentsen, Jr



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Chair | Impac 2000 |

# UNITED STATES HOUSE OF REPRESENTATIVES
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



**HAND DELIVERED** (6)

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 2:07
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Douglas Kent Bereuter
(Full Name)

2184 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-4806
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: NE District: 01 | ☐ Officer Or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Douglas Bereuter | 05/15/01 |

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# SCHEDULE I - EARNED INCOME

Nam Douglas Kent Bereuter



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Arlington County, Virginia School Board | Spouse Pension | NA |
| Commonwealth of Virginia | Spouse Pension | NA |

# SCHEDULE III - ASSETS AND "UNE

Nam Douglas Kent Bereuter



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Savings Account, Calvert Group, Kansas City, MO | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| | IRA Account, USAA, San Antonio, Texas | $15,001 - $50,000 | INTEREST | NONE | |
| SP | IRA Account, USAA, San Antonio, Texas | $15,001 - $50,000 | INTEREST | NONE | |
| JT | Checking Account, First Virginia Bank, Falls Church, VA | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| JT | Checking Account, Cornhusker Bank, Lincoln, NE | $1,001 - $15,000 | INTEREST | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNE

Nam Douglas Kent Bereuter



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | One-quarter shareholder in family corp. owning 38 acres of land & residence in unincorporated Summit County, CO & a parcel with storage building in Utica, NE | $100,001 - $250,000 | None | NONE | |
| SP | 403 (B) (7) Account, USAA San Antonio, Texas | $50,001 - $100,000 | None | NONE | |
| JT | Congressional Federal Credit Union, Washington, DC | $1 - $1,000 | INTEREST | $1 - $200 | |

# SCHEDULE VII - TRAVEL PAYMENTS AN

Nam Douglas Kent Bereuter



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| World Economic Forum, Davos, Switzerland | Jan. 27-30 | Wash., D.C. - Zurich, Switzerland -- Wash., D.C. | Y | Y | Y | None |
| Aspen Institute, Vancouver, British Columbia, Canada | May 30-June 4 | Wash. D.C. - Vancouver, British, Columbia - Omaha, NE | Y | Y | Y | None |
| Aspen Institute, Prague, Czech Republic | Aug. 20-26 | Omaha, NE - Prague, Czech Republic - Omaha, NE | Y | Y | Y | None |

# SCHEDULE VIII - POSITIONS

Nam Douglas Kent Bereuter



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Board of Directors | Friends of the U.S. National Arboretum, Washington, DC |

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**UNITED STATES HOUSE OF REPRESENTATIVES**
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

**Shelley Berkley**
(Full Name)

**187 Reed Ln**
(Mailing Address)

**202 225-5965**
Daytime Telephone

**Henderson NV 89014**

(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: NV District: 01 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Shelley Berkley | May 15, 2001 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

**Shelley Berkley**
(Full Name)

**187 Reed Ln**
(Mailing Address)

**202 225-5965**
Daytime Telephone

**Henderson NV 89014**

(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: NV District: 01 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | **Nephrology and Endocrine Associates** | **Spouse Salary** | **NA** |
| | **Quality Care Consultants (medical consulting)** | **Spouse Consulting** | **NA** |
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For payments to charity in lieu of honoraria, use Schedule II.

Name Shelley Berkley

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for Income. For all other assets, indicate the category of Income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B: None | A $1,001 – $15,000 | C $15,001 – $50,000 | E $50,001 – $100,000 | G $100,001 – $250,000 | I $250,001 – $500,000 | K $500,001 – $1,000,000 | L $1,000,001 – $5,000,000 | M $5,000,001 – $25,000,000 | N $25,000,001 – $50,000,000 | O Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAIN | EXCEPTED TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: None | I $201 – $1,000 | III $1,001 – $2,500 | V $2,501 – $5,000 | VII $5,001 – $15,000 | VIII $15,001 – $50,000 | IX $50,001 – $100,000 | X $100,001 – $1,000,000 | XI Over $1,000,000 | Block E: P, S, E, P, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* SP Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | | | | | | | | | P |
| | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | Royalties | | | | | | | X | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| SP | BankWest Las Vegas NV | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | |
| SP | BusinessBank Las Vegas | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | |
| SP | Pentagon Fed Credit Union | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | |
| | Pentagon Fed Credit Union | | X | | | | | | | | | | | | X | | | | | | | | | | | | | |
| | Congressional Fed Credit Union | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | |
| SP | E-Trade | | | X | | | | | | | | | | | X | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name **Shelley Berkley** Page 4 of 84

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | INTEREST | EXCEPTED TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Dialysis Systems, INC, | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | provided dialysis services | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | sold- collecting old | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | accounts 3100 West Charleston | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Professional Facilities, | NC | | | X | | | | | | | | X | | | | | | | | | X | | | | | | |
| | medical office building | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | McDaniel St, North Las Vegas | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4133 N. Torrey Pines 89108 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Quail Park V | | | | | X | | | | | | | | | | Partnership | | | | | | | X | | | | | |
| | office complex | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rancho and Alta | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Las Vegas NV | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 500 S. Rancho | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Eastern Courtyard | | | X | | | | | | | | | | | | Partnership | | | | X | | | | | | | | |
| | office complex | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Eastern and Viking | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Las Vegas, NV | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2020 Palomino #100 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Metalast International | | | | X | | | | | | | | | | | Patnership | X | | | | | | | | | | | |
| | anodizing aluminum | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Minden NV 2241 Park Place 89423 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 5 of 84

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B [redacted] | C $1,001 – $15,000 | D [redacted] | E $50,001 – $100,000 | F [redacted] | G $250,001 – $500,000 | H [redacted] | I $1,000,001 – $5,000,000 | J [redacted] | K $25,000,001 – $50,000,000 | L Over [redacted] | BLOCK C Type of Income: DIVIDENDS | [redacted] | INTEREST | [redacted] | EXCEPTED TRUST | [redacted] | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | [redacted] | III $201 – $1,000 | [redacted] | V $2,501 – $5,000 | [redacted] | VII $15,001 – $50,000 | [redacted] | IX $100,001 – $1,000,000 | [redacted] | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | RRT, LLC | | | | X | | | | | | | | | | | | | | | Partnership | X | | | | | | | | | | | P |
| | provides dialysis services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Summerlin area of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Las Vegas, NV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Nephrology and Endocrine | | | | | X | | | | | | | | | | | | | | Salary | | | | | | | | | | | | |
| | Associates- medical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | practice Las Vegas, NV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Salomon Smith Barney | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | for year end value, income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | and detailed transactions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | see attachment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Charles Schwab Trust One | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Account for year end value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | income and detailed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | transactions see attachment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Charles Schwab IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | for year end value, income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | and detailed transactions see attachment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name **Shelley Berkley** Page 6 of 84

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1,000 or less | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENTS | INTEREST | RENTS AND ROYALTIES | EXCEPTED TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Nephrology & Endocrine Associates 401(K) Plan held by Putman Investments for year end values, income and detailed transactions see attachment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Morgan Stanley Dean Witter IRA Account- for year end value, income and detailed transactions see attachement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Morgan Stanley Dean Witter Roth IRA- for year end value, income and detailed transactions see attachment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Autobytel | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | S < 1000 |
| SP | EnviroSystems | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Las Vegas Business Bank | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | IBM | | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | P< 1000 |
| SP | Pfizer | | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | P< 1000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name **Shelley Berkley** Page 7 of 84

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B [redacted] | C $1,001 – $15,000 | D [redacted] | E $50,001 – $100,000 | F [redacted] | G $250,001 – $500,000 | H [redacted] | I $1,000,001 – $5,000,000 | J [redacted] | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | [redacted] | INTEREST | [redacted] | EXCEPTED TRUST | [redacted] | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | [redacted] | III $201 – $1,000 | [redacted] | V $2,501 – $5,000 | [redacted] | VII $15,001 – $50,000 | [redacted] | IX $100,001 – $1,000,000 | [redacted] | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | 3466 Legendary LV NV | | | | | X | | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| SP | Morgan Stanley Dean Witter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Active Assets Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | for year end value, income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | and detailed transactions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | see attachment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Morgan Stanely Dean Witter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IRA account- for year end | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | value, income and detailed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | transactions see attachment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name **Shelley Berkley** Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: Purchase | Type of Transaction: SALE | Type of Transaction: Exchange | Date (MO/DAY/YR) | Amount of Transaction: Under $1,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,000–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| SP | RRT LLC | | X | | 4-5-00 | X | | | | | | | | | |
| SP | RRT LLC | | X | | 6-29-00 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Name **Shelley Berkley** Page 9 of 54

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles; household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: Over $10,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,000–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Central National Bank | Mortgage on 3466 Legendary LV NV | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | New York Stock Exchange | 1-23 1-25 | 00LV-NYC-Wash DC | Y | Y | N | N |

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NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

**Member: Shelley Berkley**

# Statement

October 1, 2000 - December 31, 2000

LARRY M LEHRNER
187 REED LN
HENDERSON NV 89014

Social Security Number [redacted]
Date of Hire 10/05/1987
Date of Birth 02/09/1949

## Account Information

Our call center representatives are available from 8 am to 10 pm Monday through Friday EST any day the financial markets are open. Also, to provide you with more convenient customer servicing, call center representatives will be available the following 6 Saturdays in January and February 1/13, 1/20, 1/27, 2/3, 2/10, 2/17 from 9 am to 5 pm.

### BALANCE

| | |
|---|---|
| Beginning Balance | $231,227.59 |
| Change This Period | -$19,275.22 |
| Ending Balance | $231,952.37 |
| Vested Balance | $231,952.37 |

### YOUR CURRENT INVESTMENT CHOICES (12/31/2000)

| Investment | |
|---|---|
| Putnam Growth and Income Fund | 15% |
| Putnam Voyager Fund | 25% |
| Putnam Growth Opportunities | 25% |
| Putnam International Growth | 25% |
| Putnam Money Market Fund | 10% |

### INVESTMENT SUMMARY

| | Beginning Share Price 10/01/2000 | Beginning Share Balance 10/01/2000 | Beginning Market Value 10/01/2000 | Ending Share Price 12/31/2000 | Ending Share Balance 12/31/2000 | Ending Market Value 12/31/2000 |
|---|---|---|---|---|---|---|
| Putnam Growth and Income Fund | $19.1200 | 3,045.138 | $58,223.04 | $19.5300 | 3,131.873 | $61,165.48 |
| Putnam Voyager Fund | $30.2000 | 232.971 | $7,035.72 | $23.3000 | 370.441 | $8,631.28 |
| Putnam Growth Opportunities | $29.2600 | 3,115.469 | $91,158.62 | $21.9100 | 3,199.950 | $70,110.91 |
| Putnam International Growth | $27.4700 | 3,229.411 | $88,711.92 | $24.7100 | 3,621.328 | $89,483.02 |
| Putnam Money Market Fund | $1.0000 | 6,098.282 | $6,098.29 | $1.0000 | 2,561.678 | $2,561.68 |
| **TOTAL** | | | $251,227.59 | | | $231,952.37 |

### CONTRIBUTION SUMMARY

| | Contributions This Period | Contributions Year-To-Date | Vested Percent | Vested Dollars |
|---|---|---|---|---|
| Employee Pre-Tax | $3,133.74 | $10,523.69 | 100% | $132,743.65 |
| Employer Profit Sharing | $0.00 | $4,954.19 | 100% | $70,763.49 |
| Employer Match | $732.60 | $3,053.84 | 100% | $28,445.23 |
| **TOTAL** | $3,866.34 | $18,531.72 | | $231,952.37 |

Please verify this financial information and notify Putnam of any questions within 30 days of receipt. If you do not notify Putnam, we will assume the information on this statement is correct. Any corrections will be reflected on a subsequent statement.



PUTNAM INVESTMENTS

For more information visit us on the web at www.benefitcenter.com or call 1-800-706-8352

FT8751431 0080030429 016676

**Member: Shelley Berkley**

**Transaction History**
NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped investment sources, click the button to the right of the Investment Source menu.

**Date range:** 01/01/2000 **to** 12/31/2000

**Investment:** All Investments

**Investment Source:** All Investment Sources

**Transaction:** All Transactions

Get History

Now displaying from 01/01/2000 to 12/31/2000 for All Investments and All Investment Sources and All Transactions.

Next 50 Transactions ►

| Date | Source | Transaction | Investment | Amount | Share price | Shares |
|---|---|---|---|---|---|---|
| 12-29-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $2.22 | $1.000 | 2.220 |
| 12-29-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $4.92 | $1.000 | 4.920 |
| 12-29-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $9.78 | $1.000 | 9.780 |
| 12-20-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $35.90 | $23.710 | 1.514 |
| 12-20-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $35.90 | $20.560 | 1.746 |
| 12-20-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM VOYAGER FUND | $35.90 | $22.220 | 1.616 |
| 12-20-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM GROWTH AND INCOME FUND | $35.90 | $18.660 | 1.924 |
| 12-20-2000 | EMPLOYER MATCH | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-143.60 | $1.000 | -143.597 |
| 12-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $78.45 | $23.710 | 3.309 |
| 12-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $78.45 | $20.560 | 3.816 |
| 12-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM VOYAGER FUND | $78.45 | $22.220 | 3.531 |
| | EMPLOYER | | PUTNAM | | | |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 12-20-2000 | PROFIT SHARING | TRANSFER IN | GROWTH AND INCOME FUND | $78.45 | $18.660 | 4.204 |
| 12-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-313.80 | $1.000 | -313.795 |
| 12-20-2000 | EMPLOYER PROFIT SHARING | REALIZED GAIN/LOSS | PUTNAM MONEY MARKET FUND | $0.01 | $0.000 | 0.000 |
| 12-20-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $158.30 | $23.710 | 6.677 |
| 12-20-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $158.31 | $20.560 | 7.700 |
| 12-20-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM VOYAGER FUND | $158.30 | $22.220 | 7.124 |
| 12-20-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM GROWTH AND INCOME FUND | $158.31 | $18.660 | 8.484 |
| 12-20-2000 | EMPLOYEE PRE-TAX | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-633.22 | $1.000 | -633.220 |
| 12-20-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM INTERNATIONAL GROWTH | $885.61 | $23.710 | 37.352 |
| 12-20-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM INTERNATIONAL GROWTH | $2,228.57 | $23.710 | 93.993 |
| 12-20-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM INTERNATIONAL GROWTH | $4,150.10 | $23.710 | 175.036 |
| 12-18-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM GROWTH AND INCOME FUND | $147.78 | $19.080 | 7.745 |
| 12-18-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM GROWTH AND INCOME FUND | $372.96 | $19.080 | 19.547 |
| 12-18-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM GROWTH AND INCOME FUND | $700.56 | $19.080 | 36.717 |
| 12-12-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $12.21 | $1.000 | 12.210 |
| 12-12-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $36.63 | $26.490 | 1.383 |
| 12-12-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $36.63 | $24.860 | 1.473 |
| 12-12-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $36.63 | $24.620 | 1.488 |
| 12-12- | EMPLOYEE | CONTRIBUTIONS | PUTNAM MONEY | $52.23 | $1.000 | 52.230 |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 2000 | PRE-TAX | | MARKET FUND | | | |
| 12-12-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $156.69 | $26.490 | 5.915 |
| 12-12-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $156.69 | $24.860 | 6.303 |
| 12-12-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $156.68 | $24.620 | 6.364 |
| 12-05-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM VOYAGER FUND | $116.24 | $24.550 | 4.735 |
| 12-05-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM VOYAGER FUND | $240.68 | $24.550 | 9.804 |
| 12-05-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM VOYAGER FUND | $465.53 | $24.550 | 18.963 |
| 12-04-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $12.21 | $1.000 | 12.210 |
| 12-04-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $36.63 | $25.980 | 1.410 |
| 12-04-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $36.63 | $22.620 | 1.619 |
| 12-04-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $36.63 | $25.790 | 1.420 |
| 12-04-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $52.23 | $1.000 | 52.230 |
| 12-04-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $156.69 | $25.980 | 6.031 |
| 12-04-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $156.69 | $22.620 | 6.927 |
| 12-04-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $156.68 | $25.790 | 6.075 |
| 11-30-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.01 | $1.000 | 0.010 |
| 11-30-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.01 | $1.000 | 0.010 |
| 11-30-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $2.74 | $1.000 | 2.740 |
| 11-30-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $6.42 | $1.000 | 6.420 |
| 11-30-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $12.09 | $1.000 | 12.090 |
| 11-20- | EMPLOYER | TRANSFER IN | PUTNAM INTERNATIONAL | $45.15 | $25.930 | 1.741 |

**Member: Shelley Berkley**

**Transaction History**

NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped investment sources, click the button to the right of the Investment Source menu.

**Date range:** 01/01/2000 **to** 12/31/2000

**Investment:** All Investments

**Investment Source:** All Investment Sources

**Transaction:** All Transactions

Get History

Now displaying from 01/01/2000 to 12/31/2000 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions  Next 50 Transactions ►

| Date | Source | Transaction | Investment | Amount | Share price | Shares |
|---|---|---|---|---|---|---|
| 11-20-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $45.15 | $23.770 | 1.899 |
| 11-20-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM VOYAGER FUND | $60.20 | $26.490 | 2.273 |
| 11-20-2000 | EMPLOYER MATCH | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-150.50 | $1.000 | -150.499 |
| 11-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $103.95 | $25.930 | 4.009 |
| 11-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $103.96 | $23.770 | 4.374 |
| 11-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM VOYAGER FUND | $138.61 | $26.490 | 5.233 |
| 11-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-346.52 | $1.000 | -346.518 |
| 11-20-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $199.41 | $25.930 | 7.690 |
| 11-20-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $199.42 | $23.770 | 8.390 |
| 11-20-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM VOYAGER FUND | $265.89 | $26.490 | 10.037 |
| 11-20-2000 | EMPLOYEE PRE-TAX | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-664.72 | $1.000 | -664.724 |
| 11-13- | EMPLOYER | | PUTNAM MONEY | | | |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 2000 | MATCH | CONTRIBUTIONS | MARKET FUND | $24.42 | $1.000 | 24.420 |
| 11-13-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $73.26 | $25.970 | 2.821 |
| 11-13-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $73.26 | $24.190 | 3.029 |
| 11-13-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $73.26 | $26.740 | 2.740 |
| 11-13-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $104.46 | $1.000 | 104.460 |
| 11-13-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $313.38 | $25.970 | 12.067 |
| 11-13-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $313.37 | $24.190 | 12.955 |
| 11-13-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $313.37 | $26.740 | 11.719 |
| 10-31-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.13 | $1.000 | 0.130 |
| 10-31-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.32 | $1.000 | 0.320 |
| 10-31-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.59 | $1.000 | 0.590 |
| 10-31-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $3.61 | $1.000 | 3.610 |
| 10-31-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $8.76 | $1.000 | 8.760 |
| 10-31-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $15.96 | $1.000 | 15.960 |
| 10-17-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $35.86 | $25.830 | 1.388 |
| 10-17-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $35.87 | $27.000 | 1.329 |
| 10-17-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM VOYAGER FUND | $71.73 | $27.630 | 2.596 |
| 10-17-2000 | EMPLOYER MATCH | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-143.46 | $1.000 | -143.459 |
| 10-17-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $86.06 | $25.830 | 3.332 |
| 10-17-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $86.06 | $27.000 | 3.187 |
| | EMPLOYER | | | | | |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 10-17-2000 | PROFIT SHARING | TRANSFER IN | PUTNAM VOYAGER FUND | $172.13 | $27.630 | 6.230 |
| 10-17-2000 | EMPLOYER PROFIT SHARING | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-344.25 | $1.000 | -344.248 |
| 10-17-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $158.61 | $25.830 | 6.141 |
| 10-17-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $158.62 | $27.000 | 5.875 |
| 10-17-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM VOYAGER FUND | $317.24 | $27.630 | 11.482 |
| 10-17-2000 | EMPLOYEE PRE-TAX | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-634.47 | $1.000 | -634.471 |
| 10-16-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $12.21 | $1.000 | 12.210 |
| 10-16-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $36.63 | $26.030 | 1.407 |
| 10-16-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $36.63 | $27.650 | 1.325 |
| 10-16-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $36.63 | $28.250 | 1.297 |
| 10-16-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $52.23 | $1.000 | 52.230 |
| 10-16-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $156.69 | $26.030 | 6.020 |
| 10-16-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $156.69 | $27.650 | 5.667 |
| 10-16-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $156.68 | $28.250 | 5.546 |
| 10-06-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $19.58 | $27.230 | 0.719 |
| 10-06-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM VOYAGER FUND | $39.17 | $28.950 | 1.353 |
| 10-06-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM GROWTH AND INCOME FUND | $19.59 | $18.990 | 1.032 |
| 10-06-2000 | EMPLOYER MATCH | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-78.34 | $1.000 | -78.343 |
| 10-06-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $47.81 | $27.230 | 1.756 |
| **Total** | | | | | | |

Now displaying transactions 51 through 100 out of 387.

Member: Shelley Berkley

**Transaction History**

NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped investment sources, click the button to the right of the Investment Source menu.

**Date range:** 01/01/2000 to 12/31/2000

**Investment:** All Investments

**Investment Source:** All Investment Sources

**Transaction:** All Transactions

Get History

Now displaying from 01/01/2000 to 12/31/2000 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions Next 50 Transactions ►

| Date | Source | Transaction | Investment | Amount | Share price | Shares |
|---|---|---|---|---|---|---|
| 10-06-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM VOYAGER FUND | $95.63 | $28.950 | 3.303 |
| 10-06-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM GROWTH AND INCOME FUND | $47.81 | $18.990 | 2.518 |
| 10-06-2000 | EMPLOYER PROFIT SHARING | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-191.25 | $1.000 | -191.249 |
| 10-06-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $86.67 | $27.230 | 3.183 |
| 10-06-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM VOYAGER FUND | $173.34 | $28.950 | 5.988 |
| 10-06-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM GROWTH AND INCOME FUND | $86.67 | $18.990 | 4.564 |
| 10-06-2000 | EMPLOYEE PRE-TAX | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-346.68 | $1.000 | -346.681 |
| 10-03-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $12.21 | $1.000 | 12.210 |
| 10-03-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $36.63 | $27.530 | 1.331 |
| 10-03-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $36.63 | $28.150 | 1.301 |
| 10-03-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $36.63 | $29.500 | 1.242 |
| 10-03- | EMPLOYEE | | PUTNAM MONEY | | | |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 2000 | PRE-TAX | CONTRIBUTIONS | MARKET FUND | $52.23 | $1.000 | 52.230 |
| 10-03-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $156.69 | $27.530 | 5.692 |
| 10-03-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $156.69 | $28.150 | 5.566 |
| 10-03-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $156.68 | $29.500 | 5.311 |
| 09-29-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $4.21 | $1.000 | 4.210 |
| 09-29-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $10.57 | $1.000 | 10.570 |
| 09-29-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $18.62 | $1.000 | 18.620 |
| 09-22-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $40.60 | $27.500 | 1.476 |
| 09-22-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $40.61 | $29.880 | 1.359 |
| 09-22-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM VOYAGER FUND | $54.14 | $30.480 | 1.776 |
| 09-22-2000 | EMPLOYER MATCH | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-135.35 | $1.000 | -135.354 |
| 09-22-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $100.69 | $27.500 | 3.661 |
| 09-22-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $100.69 | $29.880 | 3.370 |
| 09-22-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM VOYAGER FUND | $134.25 | $30.480 | 4.405 |
| 09-22-2000 | EMPLOYER PROFIT SHARING | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-335.63 | $1.000 | -335.632 |
| 09-22-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $179.78 | $27.500 | 6.537 |
| 09-22-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $179.79 | $29.880 | 6.017 |
| 09-22-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM VOYAGER FUND | $239.72 | $30.480 | 7.865 |
| 09-22-2000 | EMPLOYEE PRE-TAX | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-599.29 | $1.000 | -599.287 |
| 09-18-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $12.21 | $1.000 | 12.210 |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 09-18-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $36.63 | $27.650 | 1.325 |
| 09-18-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $36.63 | $29.350 | 1.248 |
| 09-18-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $36.63 | $30.330 | 1.208 |
| 09-18-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $52.23 | $1.000 | 52.230 |
| 09-18-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $156.69 | $27.650 | 5.667 |
| 09-18-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $156.69 | $29.350 | 5.339 |
| 09-18-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $156.68 | $30.330 | 5.166 |
| 09-05-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $22.11 | $1.000 | 22.110 |
| 09-05-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $66.33 | $29.770 | 2.228 |
| 09-05-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $66.33 | $31.610 | 2.098 |
| 09-05-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $66.33 | $32.370 | 2.049 |
| 09-05-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $104.46 | $1.000 | 104.460 |
| 09-05-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $313.38 | $29.770 | 10.527 |
| 09-05-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $313.37 | $31.610 | 9.914 |
| 09-05-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $313.37 | $32.370 | 9.681 |
| 09-05-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM GROWTH AND INCOME FUND | $33.00 | $19.070 | 1.730 |
| 09-05-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM GROWTH AND INCOME FUND | $83.30 | $19.070 | 4.368 |
| 09-05-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM GROWTH AND INCOME FUND | $156.48 | $19.070 | 8.206 |
| 08-31-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $4.54 | $1.000 | 4.540 |
| **Total** | | | | | | |

**Member: Shelley Berkley**

**Transaction History**

NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped investment sources, click the button to the right of the Investment Source menu.

**Date range:** 01/01/2000 **to** 12/31/2000

**Investment:** All Investments

**Investment Source:** All Investment Sources

**Transaction:** All Transactions

Get History

Now displaying from 01/01/2000 to 12/31/2000 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions  Next 50 Transactions ►

| Date | Source | Transaction | Investment | Amount | Share price | Shares |
|---|---|---|---|---|---|---|
| 08-31-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $9.53 | $1.000 | 9.530 |
| 08-31-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $20.08 | $1.000 | 20.080 |
| 08-28-2000 | EMPLOYER PROFIT SHARING | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $480.00 | $1.000 | 480.000 |
| 08-28-2000 | EMPLOYER PROFIT SHARING | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $1,440.00 | $29.560 | 48.714 |
| 08-28-2000 | EMPLOYER PROFIT SHARING | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $1,440.00 | $31.650 | 45.498 |
| 08-28-2000 | EMPLOYER PROFIT SHARING | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $1,440.00 | $32.470 | 44.349 |
| 08-22-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $11.31 | $1.000 | 11.310 |
| 08-22-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $33.93 | $29.420 | 1.153 |
| 08-22-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $33.93 | $30.960 | 1.096 |
| 08-22-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $33.93 | $31.960 | 1.062 |
| 08-22-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $52.23 | $1.000 | 52.230 |
| | | | PUTNAM | | | |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 08-22-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | INTERNATIONAL GROWTH | $156.69 | $29.420 | 5.326 |
| 08-22-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $156.69 | $30.960 | 5.061 |
| 08-22-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $156.68 | $31.960 | 4.902 |
| 07-31-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $4.32 | $1.000 | 4.320 |
| 07-31-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $9.12 | $1.000 | 9.120 |
| 07-31-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $19.15 | $1.000 | 19.150 |
| 07-31-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $11.31 | $1.000 | 11.310 |
| 07-31-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $33.93 | $28.930 | 1.173 |
| 07-31-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $33.93 | $29.580 | 1.147 |
| 07-31-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $33.93 | $30.220 | 1.123 |
| 07-31-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $52.23 | $1.000 | 52.230 |
| 07-31-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $156.69 | $28.930 | 5.416 |
| 07-31-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $156.69 | $29.580 | 5.297 |
| 07-31-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $156.68 | $30.220 | 5.185 |
| 07-17-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $11.31 | $1.000 | 11.310 |
| 07-17-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $33.93 | $30.550 | 1.111 |
| 07-17-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $33.93 | $32.070 | 1.058 |
| 07-17-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $33.93 | $33.110 | 1.025 |
| 07-17-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $37.70 | $1.000 | 37.700 |
| 07-17-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $113.10 | $30.550 | 3.702 |
| | | | PUTNAM | | | |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 07-17-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | GROWTH OPPORTUNITIES | $113.10 | $32.070 | 3.527 |
| 07-17-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $113.10 | $33.110 | 3.416 |
| 07-14-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $12.21 | $1.000 | 12.210 |
| 07-14-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $36.63 | $30.560 | 1.199 |
| 07-14-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $36.63 | $32.000 | 1.145 |
| 07-14-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $36.63 | $33.170 | 1.104 |
| 07-14-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $40.70 | $1.000 | 40.700 |
| 07-14-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $122.10 | $30.560 | 3.995 |
| 07-14-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $122.10 | $32.000 | 3.816 |
| 07-14-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $122.10 | $33.170 | 3.681 |
| 07-03-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $11.31 | $1.000 | 11.310 |
| 07-03-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $33.93 | $30.370 | 1.117 |
| 07-03-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $33.93 | $30.510 | 1.112 |
| 07-03-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $33.93 | $31.540 | 1.076 |
| 07-03-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $37.70 | $1.000 | 37.700 |
| 07-03-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $113.10 | $30.370 | 3.724 |
| 07-03-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $113.10 | $30.510 | 3.707 |
| 07-03-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $113.10 | $31.540 | 3.586 |
| 06-30-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $3.87 | $1.000 | 3.870 |
| **Total** | | | | | | |

Now displaying transactions 151 through 200 out of 387.

Back to the top

**Member: Shelley Berkley**

**Transaction History**

NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped Investment sources, click the button to the right of the Investment Source menu.

**Date range:** 01/01/2000 **to** 12/31/2000

**Investment:** All Investments

**Investment Source:** All Investment Sources

**Transaction:** All Transactions

Get History

Now displaying from 01/01/2000 to 12/31/2000 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions Next 50 Transactions ►

| Date | Source | Transaction | Investment | Amount | Share price | Shares |
|---|---|---|---|---|---|---|
| 06-30-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $8.48 | $1.000 | 8.480 |
| 06-30-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $17.32 | $1.000 | 17.320 |
| 06-20-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $11.31 | $1.000 | 11.310 |
| 06-20-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $33.93 | $30.110 | 1.127 |
| 06-20-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $33.93 | $31.130 | 1.090 |
| 06-20-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $33.93 | $32.240 | 1.052 |
| 06-20-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $37.70 | $1.000 | 37.700 |
| 06-20-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $113.10 | $30.110 | 3.756 |
| 06-20-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $113.10 | $31.130 | 3.633 |
| 06-20-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $113.10 | $32.240 | 3.508 |
| 06-05-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM GROWTH AND INCOME FUND | $32.84 | $18.810 | 1.746 |
| 06-05- | EMPLOYER PROFIT | DIVIDEND | PUTNAM GROWTH AND | $82.90 | $18.810 | 4.407 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2000 | SHARING | | INCOME FUND | | | |
| 06-05-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM GROWTH AND INCOME FUND | $155.73 | $18.810 | 8.279 |
| 06-02-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $11.31 | $1.000 | 11.310 |
| 06-02-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $33.93 | $29.430 | 1.153 |
| 06-02-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $33.93 | $29.880 | 1.136 |
| 06-02-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $33.93 | $31.540 | 1.076 |
| 06-02-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $37.70 | $1.000 | 37.700 |
| 06-02-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $113.10 | $29.430 | 3.843 |
| 06-02-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $113.10 | $29.880 | 3.785 |
| 06-02-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $113.10 | $31.540 | 3.586 |
| 05-31-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $3.93 | $1.000 | 3.930 |
| 05-31-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $8.85 | $1.000 | 8.850 |
| 05-31-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $17.71 | $1.000 | 17.710 |
| 05-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $11.31 | $1.000 | 11.310 |
| 05-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $33.93 | $28.600 | 1.186 |
| 05-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $33.93 | $28.160 | 1.205 |
| 05-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $33.93 | $29.250 | 1.160 |
| 05-09-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $37.70 | $1.000 | 37.700 |
| 05-09-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $113.10 | $28.600 | 3.955 |
| 05-09-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $113.10 | $28.160 | 4.016 |
| 05-09- | EMPLOYEE | | PUTNAM | | | |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 2000 | PRE-TAX | CONTRIBUTIONS | VOYAGER FUND | $113.10 | $29.250 | 3.867 |
| 05-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $11.31 | $1.000 | 11.310 |
| 05-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $33.93 | $28.600 | 1.186 |
| 05-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $33.93 | $28.160 | 1.205 |
| 05-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $33.93 | $29.250 | 1.160 |
| 05-09-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $37.70 | $1.000 | 37.700 |
| 05-09-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $113.10 | $28.600 | 3.955 |
| 05-09-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $113.10 | $28.160 | 4.016 |
| 05-09-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $113.10 | $29.250 | 3.867 |
| 04-30-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.01 | $1.000 | 0.010 |
| 04-30-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.01 | $1.000 | 0.010 |
| 04-28-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $3.82 | $1.000 | 3.820 |
| 04-28-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $8.83 | $1.000 | 8.830 |
| 04-28-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $17.34 | $1.000 | 17.340 |
| 04-24-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $32.86 | $28.930 | 1.136 |
| 04-24-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $32.86 | $27.770 | 1.183 |
| 04-24-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM VOYAGER FUND | $65.73 | $28.870 | 2.277 |
| 04-24-2000 | EMPLOYER MATCH | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-131.45 | $1.000 | -131.448 |
| 04-24-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $75.56 | $28.930 | 2.612 |
| **Total** | | | | | | |

Now displaying transactions 201 through 250 out of 387.

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**Member: Shelley Berkley**

**Transaction History**

NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped investment sources, click the button to the right of the Investment Source menu.

**Date range:** 01/01/2000 **to** 12/31/2000

**Investment:** All Investments

**Investment Source:** All Investment Sources

**Transaction:** All Transactions

Get History

Now displaying from 01/01/2000 to 12/31/2000 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions  Next 50 Transactions ►

| Date | Source | Transaction | Investment | Amount | Share price | Shares |
|---|---|---|---|---|---|---|
| 04-24-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $75.56 | $27.770 | 2.721 |
| 04-24-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM VOYAGER FUND | $151.13 | $28.870 | 5.235 |
| 04-24-2000 | EMPLOYER PROFIT SHARING | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-302.25 | $1.000 | -302.246 |
| 04-24-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $148.92 | $28.930 | 5.148 |
| 04-24-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $148.92 | $27.770 | 5.363 |
| 04-24-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM VOYAGER FUND | $297.85 | $28.870 | 10.317 |
| 04-24-2000 | EMPLOYEE PRE-TAX | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-595.69 | $1.000 | -595.691 |
| 04-14-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $38.66 | $28.720 | 1.346 |
| 04-14-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $38.66 | $26.460 | 1.461 |
| 04-14-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM VOYAGER FUND | $77.32 | $27.380 | 2.824 |
| 04-14-2000 | EMPLOYER MATCH | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-154.64 | $1.000 | -154.644 |
| 04-14- | EMPLOYER | REALIZED | PUTNAM MONEY | | | |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 2000 | MATCH | GAIN/LOSS | MARKET FUND | $-.01 | $0.000 | 0.000 |
| 04-14-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $88.89 | $28.720 | 3.095 |
| 04-14-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $88.90 | $26.460 | 3.360 |
| 04-14-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM VOYAGER FUND | $177.79 | $27.380 | 6.493 |
| 04-14-2000 | EMPLOYER PROFIT SHARING | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-355.58 | $1.000 | -355.584 |
| 04-14-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $175.20 | $28.720 | 6.100 |
| 04-14-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $175.20 | $26.460 | 6.621 |
| 04-14-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM VOYAGER FUND | $350.41 | $27.380 | 12.798 |
| 04-14-2000 | EMPLOYEE PRE-TAX | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-700.81 | $1.000 | -700.814 |
| 04-11-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $11.31 | $1.000 | 11.310 |
| 04-11-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $33.93 | $30.440 | 1.115 |
| 04-11-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $33.93 | $30.930 | 1.097 |
| 04-11-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $33.93 | $31.630 | 1.073 |
| 04-11-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $37.70 | $1.000 | 37.700 |
| 04-11-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $113.10 | $30.440 | 3.716 |
| 04-11-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $113.10 | $30.930 | 3.657 |
| 04-11-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $113.10 | $31.630 | 3.576 |
| 03-31-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.01 | $1.000 | 0.010 |
| 03-31-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.02 | $1.000 | 0.020 |
| 03-31-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.03 | $1.000 | 0.030 |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 03-31-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $5.33 | $1.000 | 5.330 |
| 03-31-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $12.67 | $1.000 | 12.670 |
| 03-31-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $24.66 | $1.000 | 24.660 |
| 03-31-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $28.17 | $31.530 | 0.893 |
| 03-31-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $28.18 | $32.600 | 0.864 |
| 03-31-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM VOYAGER FUND | $56.35 | $34.150 | 1.650 |
| 03-31-2000 | EMPLOYER MATCH | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-112.70 | $1.000 | -112.701 |
| 03-31-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $65.49 | $31.530 | 2.077 |
| 03-31-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $65.50 | $32.600 | 2.009 |
| 03-31-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM VOYAGER FUND | $131.00 | $34.150 | 3.836 |
| 03-31-2000 | EMPLOYER PROFIT SHARING | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-261.99 | $1.000 | -261.986 |
| 03-31-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $128.04 | $31.530 | 4.061 |
| 03-31-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $128.05 | $32.600 | 3.928 |
| 03-31-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM VOYAGER FUND | $256.10 | $34.150 | 7.499 |
| 03-31-2000 | EMPLOYEE PRE-TAX | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-512.19 | $1.000 | -512.189 |
| 03-28-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $11.31 | $1.000 | 11.310 |
| 03-28-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $33.93 | $31.810 | 1.067 |
| 03-28-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $33.93 | $33.770 | 1.005 |
| 03-28-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $33.93 | $35.230 | 0.963 |
| **Total** | | | | | | |

**Member: Shelley Berkley**

**Transaction History**

NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped investment sources, click the button to the right of the Investment Source menu.

**Date range:** 01/01/2000 **to** 12/31/2000

**Investment:** All Investments

**Investment Source:** All Investment Sources

**Transaction:** All Transactions

Get History

Now displaying from 01/01/2000 to 12/31/2000 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions  Next 50 Transactions ►

| Date | Source | Transaction | Investment | Amount | Share price | Shares |
|---|---|---|---|---|---|---|
| 03-28-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $37.70 | $1.000 | 37.700 |
| 03-28-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $113.10 | $31.810 | 3.555 |
| 03-28-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $113.10 | $33.770 | 3.349 |
| 03-28-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $113.10 | $35.230 | 3.210 |
| 03-22-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $23.79 | $1.000 | 23.790 |
| 03-22-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $71.37 | $31.060 | 2.298 |
| 03-22-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $71.37 | $33.310 | 2.143 |
| 03-22-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $71.36 | $35.460 | 2.012 |
| 03-22-2000 | EMPLOYER PROFIT SHARING | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $15.42 | $1.000 | 15.420 |
| 03-22-2000 | EMPLOYER PROFIT SHARING | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $46.26 | $31.060 | 1.489 |
| 03-22-2000 | EMPLOYER PROFIT SHARING | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $46.26 | $33.310 | 1.389 |
| | EMPLOYER | | | | | |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 03-22-2000 | PROFIT SHARING | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $46.25 | $35.460 | 1.304 |
| 03-20-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $30.33 | $31.210 | 0.972 |
| 03-20-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $30.33 | $31.630 | 0.959 |
| 03-20-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM VOYAGER FUND | $60.66 | $33.730 | 1.798 |
| 03-20-2000 | EMPLOYER MATCH | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-121.32 | $1.000 | -121.324 |
| 03-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $72.34 | $31.210 | 2.318 |
| 03-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $72.35 | $31.630 | 2.287 |
| 03-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM VOYAGER FUND | $144.69 | $33.730 | 4.290 |
| 03-20-2000 | EMPLOYER PROFIT SHARING | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-289.38 | $1.000 | -289.382 |
| 03-20-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $141.22 | $31.210 | 4.525 |
| 03-20-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $141.23 | $31.630 | 4.465 |
| 03-20-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM VOYAGER FUND | $282.46 | $33.730 | 8.374 |
| 03-20-2000 | EMPLOYEE PRE-TAX | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-564.91 | $1.000 | -564.910 |
| 03-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $11.32 | $1.000 | 11.320 |
| 03-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $33.93 | $31.750 | 1.069 |
| 03-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $33.93 | $31.760 | 1.068 |
| 03-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $16.96 | $35.080 | 0.483 |
| 03-09-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH AND INCOME FUND | $16.96 | $16.630 | 1.020 |
| 03-09-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $37.70 | $1.000 | 37.700 |
| 03-09- | EMPLOYEE | | PUTNAM | | | |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 2000 | PRE-TAX | CONTRIBUTIONS | INTERNATIONAL GROWTH | $113.10 | $31.750 | 3.562 |
| 03-09-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $113.10 | $31.760 | 3.561 |
| 03-09-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $56.55 | $35.080 | 1.612 |
| 03-09-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH AND INCOME FUND | $56.55 | $16.630 | 3.400 |
| 03-06-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM GROWTH AND INCOME FUND | $32.58 | $16.590 | 1.964 |
| 03-06-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM GROWTH AND INCOME FUND | $82.45 | $16.590 | 4.970 |
| 03-06-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM GROWTH AND INCOME FUND | $154.59 | $16.590 | 9.318 |
| 02-29-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.21 | $1.000 | 0.210 |
| 02-29-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.51 | $1.000 | 0.510 |
| 02-29-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.99 | $1.000 | 0.990 |
| 02-29-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $5.58 | $1.000 | 5.580 |
| 02-29-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $13.50 | $1.000 | 13.500 |
| 02-29-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $26.08 | $1.000 | 26.080 |
| 02-22-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $52.77 | $30.140 | 1.751 |
| 02-22-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $52.77 | $29.010 | 1.819 |
| 02-22-2000 | EMPLOYER MATCH | TRANSFER IN | PUTNAM VOYAGER FUND | $105.54 | $31.630 | 3.337 |
| 02-22-2000 | EMPLOYER MATCH | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-211.08 | $1.000 | -211.082 |
| 02-22-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $127.05 | $30.140 | 4.215 |
| 02-22-2000 | EMPLOYER PROFIT SHARING | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $127.05 | $29.010 | 4.380 |
| 02-22- | EMPLOYER | | PUTNAM | | | |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 2000 | PROFIT SHARING | TRANSFER IN | VOYAGER FUND | $254.10 | $31.630 | 8.034 |

**Total**

Now displaying transactions 301 through 350 out of 387.

Back to the top

For more information about your funds, or if you would like to receive a prospectus, call your plan's toll-free number between 9 a.m. and 10 p.m. Eastern Time, Monday through Friday. Please read the prospectuses carefully prior to investing.

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**Member: Shelley Berkley**

**Transaction History**
NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped investment sources, click the button to the right of the Investment Source menu.

**Date range:** 01/01/2000 **to** 12/31/2000

**Investment:** All Investments

**Investment Source:** All Investment Sources

**Transaction:** All Transactions

Get History

Now displaying from 01/01/2000 to 12/31/2000 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions

| Date | Source | Transaction | Investment | Amount | Share price | Shares |
|---|---|---|---|---|---|---|
| 02-22-2000 | EMPLOYER PROFIT SHARING | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-508.20 | $1.000 | -508.201 |
| 02-22-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM INTERNATIONAL GROWTH | $246.36 | $30.140 | 8.174 |
| 02-22-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM GROWTH OPPORTUNITIES | $246.37 | $29.010 | 8.493 |
| 02-22-2000 | EMPLOYEE PRE-TAX | TRANSFER IN | PUTNAM VOYAGER FUND | $492.74 | $31.630 | 15.578 |
| 02-22-2000 | EMPLOYEE PRE-TAX | TRANSFER OUT | PUTNAM MONEY MARKET FUND | $-985.47 | $1.000 | -985.470 |
| 02-14-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $12.22 | $1.000 | 12.220 |
| 02-14-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $36.63 | $30.940 | 1.184 |
| 02-14-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $36.63 | $29.890 | 1.225 |
| 02-14-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $18.31 | $32.220 | 0.568 |
| 02-14-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH AND INCOME FUND | $18.31 | $17.200 | 1.065 |
| 02-14-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $40.70 | $1.000 | 40.700 |
| 02-14- | EMPLOYEE | CONTRIBUTIONS | PUTNAM INTERNATIONAL | $122.10 | $30.940 | 3.946 |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 2000 | PRE-TAX | | GROWTH | | | |
| 02-14-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $122.10 | $29.890 | 4.085 |
| 02-14-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM VOYAGER FUND | $61.05 | $32.220 | 1.895 |
| 02-14-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH AND INCOME FUND | $61.05 | $17.200 | 3.549 |
| 02-01-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $12.98 | $1.000 | 12.980 |
| 02-01-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $38.93 | $28.530 | 1.365 |
| 02-01-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $38.92 | $29.010 | 1.342 |
| 02-01-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH AND INCOME FUND | $38.92 | $18.130 | 2.147 |
| 02-01-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $43.25 | $1.000 | 43.250 |
| 02-01-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $129.75 | $28.530 | 4.548 |
| 02-01-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $129.75 | $29.010 | 4.473 |
| 02-01-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH AND INCOME FUND | $129.75 | $18.130 | 7.157 |
| 01-31-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.04 | $1.000 | 0.040 |
| 01-31-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.09 | $1.000 | 0.090 |
| 01-31-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $0.18 | $1.000 | 0.180 |
| 01-31-2000 | EMPLOYER MATCH | DIVIDEND | PUTNAM MONEY MARKET FUND | $6.37 | $1.000 | 6.370 |
| 01-31-2000 | EMPLOYER PROFIT SHARING | DIVIDEND | PUTNAM MONEY MARKET FUND | $15.64 | $1.000 | 15.640 |
| 01-31-2000 | EMPLOYEE PRE-TAX | DIVIDEND | PUTNAM MONEY MARKET FUND | $29.93 | $1.000 | 29.930 |
| 01-07-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $12.21 | $1.000 | 12.210 |
| 01-07-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $36.63 | $27.780 | 1.319 |

**Member: Shelley Berkley**

| | | | | | | |
|---|---|---|---|---|---|---|
| 01-07-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $36.63 | $28.290 | 1.295 |
| 01-07-2000 | EMPLOYER MATCH | CONTRIBUTIONS | PUTNAM GROWTH AND INCOME FUND | $36.63 | $18.780 | 1.950 |
| 01-07-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM MONEY MARKET FUND | $13.90 | $1.000 | 13.900 |
| 01-07-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM INTERNATIONAL GROWTH | $41.70 | $27.780 | 1.501 |
| 01-07-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH OPPORTUNITIES | $41.70 | $28.290 | 1.474 |
| 01-07-2000 | EMPLOYEE PRE-TAX | CONTRIBUTIONS | PUTNAM GROWTH AND INCOME FUND | $41.70 | $18.780 | 2.220 |
| **Total** | | | | **$29,053.33** | | **N/A** |

Now displaying transactions 351 through 387 out of 387.

Back to the top

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# Charles Schwab

Member: Shelley Berkley NV 01

# Statement

IRA ACCOUNT

| ACCOUNT NUMBER | PERIOD COVERED | LAST STATEMENT | PAGE |
|---|---|---|---|
| [redacted] | OCT 1 - DEC 31 2000 | SEP 2000 | 1 |

| TITLE OF ACCOUNT | OFFICE SERVING YOUR ACCOUNT |
|---|---|
| LAWRENCE M LEHRNER<br>UTA CHARLES SCHWAB & CO INC<br>IRA ROLLOVER DTD 06/03/96<br>187 REED LN<br>HENDERSON NV 89014-0637 | 3773 HOWARD HUGHES PKWY #100N<br>LAS VEGAS, NV<br>**MAIL TO: PO BOX 52114<br>PHOENIX, AZ 85072 |

FOR QUESTIONS, CALL SCHWAB SIGNATURE SERVICES 1-800-435-8804 *** ACCOUNT OPENED IN: 1996

| STATUS OF KEY VALUES AS OF DEC 31 2000 | |
|---|---|
| Investments Owned | $52,150.47 |
| Net Portfolio Value | $52,150.47 |
| Ending Cash Balance | $.00 |
| TOTAL ACCOUNT VALUE | $52,150.47 |
| Change in Value from 09/00 | ($10,602.82) |
| Total Funds Available | $.00 |

| ACCOUNT TRANSACTION SUMMARY | |
|---|---|
| OPENING CASH BALANCE | $.00 |
| Investment Income | $6,266.23 |
| Investment Purchases | ($6,266.23) |
| ENDING CASH BALANCE | $.00 |

| INVESTMENT INCOME SUMMARY | | |
|---|---|---|
| SOURCE OF INCOME | CURRENT PERIOD | YEAR TO DATE |
| Cash Dividends | $499.81 | $499.81 |
| Capital Gains | $5,766.42 | $5,766.42 |
| TOTAL INVESTMENT INCOME | $6,266.23 | $6,266.23 |

| RATE SUMMARY AS OF 12/31 | |
|---|---|
| MMF Yield* | 5.95% |
| TEF Yield* | 3.97% |
| GSF Yield* | 5.77% |
| STF Yield* | 5.59% |
| Schwab 1 Yield | 5.56% |
| Margin Loan Rate | 9.25% to 10.75% |

* 7 Day Annualized Yield. Please see reverse for more information.

| IRA CONTRIBUTION SUMMARY | | |
|---|---|---|
| | CONTRIBUTIONS | ROLLOVERS |
| For Tax Year 1999 | $0.00 | $0.00 |
| For Tax Year 2000 | $0.00 | $0.00 |

PORTFOLIO POSITION DETAIL

| CATEGORY | S T | LONG/ SHORT | QUOTE SYMBOL | QUANTITY | INVESTMENT DESCRIPTION | LATEST PRICE | MARKET VALUE |
|---|---|---|---|---|---|---|---|
| MUTUAL FUNDS | C | Long | TWCUX | 1611.074 | AMERICAN CENTURY ULTRA FUND | 32.3700 | $52,150.47 |
| Net Portfolio Value | | | | | $52,150.47 | | |

ACCOUNT TRANSACTION DETAIL

| DATE | TRANSACTION | QUANTITY | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|---|---|
| ***** | | | Opening Cash Balance | | $.00 |

* * * CONTINUED ON NEXT PAGE * * *

Member: Shelley Berkley NV 01

# Charles Schwab Statement

IRA ACCOUNT

| ACCOUNT NUMBER | PERIOD COVERED | LAST STATEMENT | PAGE |
|---|---|---|---|
| [redacted] | OCT 1 - DEC 31 2000 | SEP 2000 | 2 |

ACCOUNT TRANSACTION DETAIL

| DATE | TRANSACTION | QUANTITY | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|---|---|
| 12/15 | Reinvested Shares | 173.687 | AMERICAN CENTURY ULTRA FUND | 33.2000 | ($5,766.42) |
| 12/15 | Reinvested Shares | 15.055 | AMERICAN CENTURY ULTRA FUND | 33.2000 | ($499.81) |
| 12/15 | Sttm Cap Gn Rein | | AMERICAN CENTURY ULTRA | | $499.81 |
| 12/15 | Cap Gains Rein | | AMERICAN CENTURY ULTRA | | $5,766.42 |
| ***** | | | Ending Cash Balance | | $.00 |

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Member: Shelley Berkley NV 01

SALOMON SMITH BARNEY
A member of citigroup



Ref: 00005795 00033142

# Prime Broker Statement
December 1 - December 31, 2000

530L00940151780000005795 300364AG01 SELFO015A
CITIBANK FSB
SECURED PARTY FBO
DR. LAWRENCE LEHRNER, TTEE
THE LEHRNER FAMILY TRUST
187 REED LN.
HENDERSON NV 89014-0637

SALOMON SMITH BARNEY INC.
*Your Financial Consultant*

J.DORIAN MCKELVY
SAND HILL COMMONS
2882 SAND HILL RD
MENLO PARK CA 94025
650 853 6130

Select Service Center:1-800-423-7248

*Account number* [redacted]

*Copies of this statement have also been sent to:*

FISHER INVESTMENT CO.

## Account value

| | |
|---|---|
| Cash balance | $ 158,467.14 |
| Stocks - Long | 1,915,845.96 |
| Other investments | 106,783.83 |
| Short trading account balance | 0.00 |
| Margin account balance | 107.55 |
| **Net value this period** | **$ 2,181,204.50** |
| **Net value last period** | **$ 2,152,458.04** |

***The information on this statement is provided on a trade date basis. Settlement date information is only displayed in the "Settlement date cash balance" section.***

## Earnings summary

| | This period | This year: Taxable | This year: Nontaxable |
|---|---|---|---|
| Interest | $ 170.97 | $ 2,709.10 | $ 0.00 |
| Dividends | 3,419.35 | 32,917.00 | 0.00 |
| Total | $ 3,590.32 | $ 35,626.10 | $ 0.00 |

## Additional summary information

| | This period | This year |
|---|---|---|
| Return of capital | $ 0.00 | $ 1,555.42 |
| FRGN tax withheld | 197.04 | 3,276.78 |

## Gain/loss summary

| | This period | This year |
|---|---|---|
| Realized gain or (loss) | ($ 139,633.54) | $ 51,600.23 |
| Unrealized gain or (loss) | 408,014.32 | *Not applicable* |

292

62 9.14

Member: Shelley Berkley NV 01

40 %

SALOMON SMITH BARNEY
A member of citigroup



Ref: 00005795 00003143

# Prime Broker Statement
December 1 - December 31, 2000

CITIBANK FSB

Account number [redacted]

## Cash and money funds balance

| | Cash/margin account | Short account |
|---|---|---|
| **Opening balance** | **$ 29,143.26** | **$ 0.00** |
| Securities bought and other subtractions | -280,816.99 | 0.00 |
| Securities sold and other additions | 386,855.44 | 0.00 |
| Interest credited | 170.97 | |
| Dividends credited | 3,222.31 | |
| **Closing balance** | **$ 158,574.99** | **$ 0.00** |

## Settlement date cash balance

*The information provided on this document is based upon trade date activity. Listed below are your settlement date balances.*

| | Amount |
|---|---|
| Cash | $ 30,492.92 |
| Portfolio CreditLine | 107.85 |

## Portfolio details

*The values of your holdings are as of 12/29/00.*

**Stocks**

| ***Common stocks - Long*** | Exchange | No of shares | Price | Yield | Anticipated income (annualized) | U.S. Dollar Market value | Research^ Rating | Comment |
|---|---|---|---|---|---|---|---|---|
| AGILENT TECHNOLOGIES INC | NYSE | 200 | $ 54.75 | | | $ 10,950.00 | 2/M | Symbol: A |
| ALCATEL SA ADR | NYSE | 450 | 55.938 | .598 | 150.75 | 25,172.10 | 1/M | Symbol: ALA |
| AMER INTERNATIONAL GROUP INC | NYSE | 375 | 98.563 | .15 | 55.50 | 36,961.13 | 1/L | Symbol: AIG\Rated: A+ |
| ASTRAZENECA PLC SPON ADR GBP | NYSE | 1,167 | 51.50 | 1.359 | 774.90 | 57,010.50 | 1/H | Symbol: AZN |
| AVENTIS SPONS ADR | NYSE | 800 | 84.25 | .382 | 257.60 | 67,400.00 | 2/H | Symbol: AVE |
| AXA UAP SPONS ADR | NYSE | 850 | 71.813 | 1.056 | 497.90 | 46,678.45 | 2/M | Symbol: AXA |
| BASF AG SPONS ADR | NYSE | 1,150 | 44.438 | 1.847 | 841.80 | 51,103.70 | 3/H | Symbol: BF |
| BANCO BILBAO VIZCAYA-SP ADR-ARGENTARIA | NYSE | 1,800 | 14.888 | 1.177 | 311.40 | 26,438.40 | 1/M | Symbol: BBV |
| BANCO SANTANDER CENT HISPANO S ADR | NYSE | 3,250 | 10.583 | 1.599 | 548.25 | 34,329.75 | 2/H | Symbol: STD |
| BELLSOUTH CORP | NYSE | 600 | 40.938 | 1.856 | 456.00 | 24,562.80 | 3/M | Symbol: BLS\Rated: B+ |
| BERKSHIRE HATHAWAY INC CLASS B | NYSE | 19 | 2,354.00 | | | 44,726.00 | | Symbol: BRKB |
| BRISTOL MYERS SQUIBB CO | NYSE | 450 | 73.938 | 1.487 | 495.00 | 33,272.10 | 3/H | Symbol: BMY\Rated: A |
| CISCO SYS INC | OTC | 700 | 38.25 | | | 26,775.00 | 1/H | Symbol: CSCO\Rated: B+ |
| CITIGROUP INC | NYSE | 600 | 51.083 | 1.098 | 338.00 | 30,637.80 | | Symbol: C\Rated: A |

to 9 ok

**Stocks** *continued*

| *Common stocks - Long* | Exchange | No. of shares | Price | Yield | Anticipated income (annualized) | U.S. Dollar Market value | Research* Rating | Comment |
|---|---|---|---|---|---|---|---|---|
| COCA-COLA CO | NYSE | 800 | $ 80.938 | 1.115% | $ 406.00 | $ 38,562.80 | 2/L | Symbol: KO\Rated: A |
| DEUTSCHE TELEKOM AG SPON ADR | NYSE | 550 | 29.25 | 1.408 | 226.80 | 16,087.50 | 3/M | Symbol: DT |
| ENEL SOCIETA PER AZIONI ADR | NYSE | 900 | 38.65 | 2.108 | 733.50 | 34,785.00 | | Symbol: ENI |
| EXXON MOBIL CORP | NYSE | 400 | 86.938 | 2.024 | 704.00 | 34,775.20 | 1/L | Symbol: XOM\Rated: A- |
| FIRST UNION CORP | NYSE | 825 | 27.813 | 6.803 | 1,776.00 | 25,727.03 | 3/M | Symbol: FTU\Rated: A |
| FORD MOTOR COMPANY PAR 0.01 | NYSE | 1,048 | 23.438 | 5.119 | 1,257.60 | 24,563.02 | 3/M | Symbol: F\Rated: B |
| FUJI PHOTO FILM CO LTD ADR NEW -USD- | OTC | 1,400 | 41.25 | .373 | 215.60 | 57,750.00 | 3/M | Symbol: FUJIY |
| GENERAL ELECTRIC CO | NYSE | 750 | 47.938 | 1.335 | 480.00 | 35,953.50 | 1/L | Symbol: GE\Rated: A+ |
| GLAXOSMITHKLINE PLC SPONS ADR -USD- | NYSE | 650 | 56.00 | 2.169 | 789.75 | 36,400.00 | | Symbol: GSK |
| HITACHI LTD-ADR-10 COM-NEW USD | NYSE | 300 | 65.063 | .264 | 197.40 | 25,818.90 | 2/M | Symbol: HIT |
| HOME DEPOT INC | NYSE | 850 | 45.688 | .35 | 104.00 | 29,697.20 | 2/L | Symbol: HD\Rated: A+ |
| ING GROEP NV SPONS ADR | NYSE | 800 | 80.125 | 1.709 | 1,096.00 | 64,100.00 | 1/M | Symbol: ING |
| INTEL CORP | OTC | 800 | 50.063 | .288 | 64.00 | 34,050.40 | 2/M | Symbol: INTC\Rated: A |
| INTL BUSINESS MACHINES CORP | NYSE | 300 | 85.00 | .811 | 156.00 | 25,500.00 | 1/M | Symbol: IBM\Rated: B |
| JOHNSON & JOHNSON | NYSE | 300 | 105.063 | 1.218 | 384.00 | 31,518.90 | 1/L | Symbol: JNJ\Rated: A+ |
| ELI LILLY & CO | NYSE | 400 | 93.063 | 1.203 | 448.00 | 37,225.20 | 3/H | Symbol: LLY\Rated: A- |
| MATSUSHITA ELEC INDL ADR | NYSE | 2,000 | 23.375 | .376 | 176.00 | 46,750.00 | 1/M | Symbol: MC |
| MERCK & CO INC | NYSE | 500 | 93.625 | 1.452 | 680.00 | 46,812.50 | 3/M | Symbol: MRK\Rated: A+ |
| MICROSOFT CORP | OTC | 350 | 43.375 | | | 15,181.25 | 2/H | Symbol: MSFT\Rated: A- |
| NEC CORP ADR -USD- | OTC | 500 | 60.25 | .366 | 165.50 | 45,125.00 | 1/H | Symbol: NIPNY |
| NATIONAL AUSTRALIA BK LTD SPONSORED ADR -USD- | NYSE | 400 | 81.438 | 4.243 | 1,382.40 | 32,575.20 | 3/L | Symbol: NAB |
| NOKIA CORP SPONSORED ADR EACH REPSTG "A" SH | NYSE | 900 | 43.50 | .374 | 146.70 | 39,150.00 | 2/M | Symbol: NOK |
| NORSK HYDRO A S SPONSORED ADR-USD | NYSE | 850 | 42.063 | 1.764 | 630.70 | 35,753.55 | 3/M | Symbol: NHY |
| PFIZER INC | NYSE | 1,762 | 46.00 | .956 | 775.28 | 81,052.00 | 1/L | Symbol: PFE\Rated: A+ |
| PHILIP MORRIS COS INC | NYSE | 1,200 | 44.00 | 4.818 | 2,544.00 | 52,800.00 | 1/S | Symbol: MO\Rated: A-1 |
| PROCTER & GAMBLE CO | NYSE | 500 | 78.438 | 1.784 | 700.00 | 39,219.00 | 3/L | Symbol: PG\Rated: A |
| ROYAL DUTCH PETROLEUM CO NY REGISTRY SH PAR N GLDR 1.25 DEN-EUR | NYSE | 750 | 60.563 | 1.938 | 880.50 | 45,422.25 | 2/L | Symbol: RD |
| SBC COMMUNICATIONS INC | NYSE | 650 | 47.75 | 2.125 | 659.75 | 31,037.50 | 1/M | Symbol: SBC\Rated: A- |

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SALOMON SMITH BARNEY

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Ref: 00005795 00033145

# Prime Broker Statement

December 1 - December 31, 2000

CITIBANK FSB

Account number [redacted]

## Stocks
*continued*

| Common stocks - Long | Exchange | No. of shares | Price | Yield | Anticipated income (annualized) | U.S. Dollar Market value | Research* Rating | Comment |
|---|---|---|---|---|---|---|---|---|
| SAN PAOLO-IMI SPA, TORINO-ITL | NYSE | 940 | $ 32.438 | 2.087% | $ 636.38 | $ 30,491.72 | 2/L | Symbol: IMI |
| SCHERING PLOUGH CORP | NYSE | 600 | 58.75 | .986 | 336.00 | 34,050.00 | 3/H | Symbol: SGP\Rated: A+ |
| SONY CORP-ADR-AMERICAN SHS NEW | NYSE | 450 | 69.50 | .277 | 86.85 | 31,275.00 | 3/H | Symbol: SNE |
| SYNGENTA AG ADR | NYSE | 137 | 10.938 | | | 1,498.51 | | Symbol: SYT |
| TELE DANMARK A/S SPON ADR REPSTG CL B SHS -USD- | NYSE | 800 | 20.313 | 2.323 | 377.60 | 16,250.40 | 2/M | Symbol: ~LD |
| TELEFONICA S.A. SPONS ADR | NYSE | 400 | 50.00 | | | 20,000.00 | 2/M | Symbol: ~EF |
| TOTAL FINA ELF S.A. SPONS ADR-USD | NYSE | 600 | 72.688 | 1.305 | 569.40 | 43,612.80 | 3/L | Symbol: ~OT |
| UNILEVER NV NEW YORK SHS -NEW- | NYSE | 900 | 62.938 | 1.603 | 908.10 | 56,644.20 | 3/M | Symbol: UN |
| VERIZON COMMUNICATIONS | NYSE | 600 | 50.125 | 3.072 | 924.00 | 30,075.00 | 1/M | Symbol: VZ\Rated: B+ |
| VIVERDI UNIVERSAL SPON ADR | NYSE | 440 | 65.313 | 1.054 | 303.16 | 28,737.72 | 3/H | Symbol: V |
| VOLVO AKTIEBOLAGET ADR B -USD- | OTC | 1,450 | 16.50 | 3.242 | 775.75 | 23,925.00 | 3/M | Symbol: VOLVY |
| WAL-MART STORES INC | NYSE | 600 | 53.125 | .451 | 144.00 | 31,875.00 | 1/L | Symbol: WMT\Rated: A+ |
| **Total stocks - Long** | | | | | $ 27,[illegible] | $ 1,[illegible] | | |

*Please refer to the back of page 1 for definitions of research ratings.*

## Other Investments

| Description | No. of shares | Price | Market value | Comment |
|---|---|---|---|---|
| ISHARES MSCI SWEDEN INDEX FUND | 1,190 | $ 17.875 | $ 19,882.50 | |
| ISHARES MSCI JAPAN INDEX FUND | 7,875 | 11.063 | 87,121.13 | |
| **Total other investments** | | | $ 1[illegible] | |

## Transaction details

### Investment activity

| Trade Date | Settlement Date | Activity | Description | Quantity | Price | Cash/margin account | Short account |
|---|---|---|---|---|---|---|---|
| 12/01/00 | 12/01/00 | Cash in lieu | SYNGENTA AG TEMP ADR CASH IN LIEU OF .55773 RECORD 11/10/00 PAY 11/14/00 | | | $ 4.92 | |
| 12/07/00 | 12/12/00 | Sold | AT&T CORP LIBERTY MEDIA GROUP CL A | -1,100 | 13.365 | 14,624.23 | |
| 12/07/00 | 12/12/00 | Bought | AGILENT TECHNOLOGIES INC | 200 | 54.04 | -10,833.[illegible]0 | |

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SALOMON SMITH BARNEY

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Member: Shelley Berkley NV 01

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Ref: 00006740 00146480

# Prime Broker Statement Forms 1099 for 2000

CITIBANK FSB

Account Number [redacted] SS # [redacted]

| Payer | Your Financial Consultant | |
|---|---|---|
| SALOMON SMITH BARNEY INC. | J.DORIAN MCKELVY | CITIBANK FSB |
| 388 GREENWICH STREET | SALOMON SMITH BARNEY INC. | SECURED PARTY FBO |
| NEW YORK, NEW YORK 10013 | SAND HILL COMMONS | DR. LAWRENCE LEHRNER, TTEE |
| Attn. Tax Reporting Service Center | 2882 SAND HILL RD | THE LEHRNER FAMILY TRUST |
| Tax ID Number 11-2418191 | MENLO PARK CA 94025 | 187 REED LN |
| | Branch Office : 650 853 6130 | HENDERSON NV |
| | | 89014-0637 |

***This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.***

## 1099-B Proceeds from Broker and Barter Exchange Transactions 2000

(OMB#1545-0715)

*Gross proceeds from each transaction are individually reported to the IRS after deducting commissions. For bond transactions, accrued income is also deducted. Taxable accrued interest is reported on Form 1099-INT and included in your "Details of 1099 Reported Interest Income".*

| Reference number | Date of sale (Box 1a) | CUSIP number (Box 1b) | Quantity | Description (Box 5) | Price | Gross proceeds less commissions (Box 2) | Federal income tax withheld (Box 4) |
|---|---|---|---|---|---|---|---|
| 120002200 | 12/15/00 | D1668R123001 | 801 | DAIMLERCHRYSLER AG-EUR | $ 43.388 | $ 34,889.73 | |
| 120003300 | 12/13/00 | 001957109000 | 675 | AT&T CORP | 22.293 | 15,000.03 | |
| 120006500 | 12/07/00 | 001957208000 | 1,100 | AT&T CORP LIBERTY MEDIA GROUP CL A | 13.365 | 14,624.23 | |
| 120000700 | 01/24/00 | 002824100000 | 800 | ABBOTT LABORATORIES | 30.244 | 24,138.47 | |
| 120000900 | 08/07/00 | 013904305001 | 450 | ALCATEL SA ADR | 80.985 | 36,400.40 | |
| 120001000 | 01/25/00 | 02860910700 | 800 | AMERICAN HOME PRODUCTS CORP | 40.424 | 32,282.78 | |
| 120001100 | 01/27/00 | 02687410700 | 250 | AMER INTERNATIONAL GROUP INC | 104.278 | 26,043.26 | |
| 120001600 | 12/28/00 | 05349910900 | 58 | AVAYA INC | 10.388 | 587.50 | |
| 120002100 | 12/13/00 | 060505104000 | 800 | BANK OF AMERICA CORP | 42.943 | 25,722.94 | |
| 120002300 | 12/08/00 | 065379109001 | 4,200 | BANK OF TOKYO MITSUBISHI ADR-USD | 10.51 | 43,918.31 | |
| 120002400 | 02/02/00 | 07988010200 | 300 | BELLSOUTH CORP | 45.162 | 13,523.20 | |
| 120002500 | 03/02/00 | 084670207000 | 10 | BERKSHIRE HATHAWAY INC CLASS B | 1,465.058 | 14,634.49 | |
| 120002600 | 02/07/00 | 110122108000 | 150 | BRISTOL MYERS SQUIBB CO | 62.937 | 9,415.35 | |
| 120002800 | 12/28/00 | 16941M109001 | 1,000 | CHINA MOBILE HONG KONG LTD SPONSORED ADR | 26.549 | 26,473.22 | |

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SALOMON SMITH BARNEY

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Ref: 00006740 00146481

## Prime Broker Statement
## Forms 1099 for 2000

*CITIBANK FSB*

*Account Number* [redacted]

***This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.***

### 1099-B Proceeds from Broker and Barter Exchange Transactions 2000 - *continued*

(OMB#1545-0715)

| Reference number | Date of sale (Box 1a) | CUSIP number (Box 1b) | Quantity | Description (Box 5) | Price | Gross proceeds less commissions (Box 2) | Federal income tax withheld (Box 4) |
|---|---|---|---|---|---|---|---|
| 120003000 | 01/21/00 | 17275R102000 | 200 | CISCO SYS INC | $ 114.659 | $ 22,906.09 | |
| 120003300 | 01/27/00 | 172967101000 | 550 | CITIGROUP INC | 58.40 | 32,080.88 | |
| 120003500 | 12/27/00 | 184502102000 | 275 | CLEAR CHANNEL COMMUNICATIONS INC | 48.982 | 13,439.27 | |
| 120003600 | 01/27/00 | 191216100000 | 250 | COCA-COLA CO | 59.118 | 14,754.23 | |
| 120003700 | 08/31/00 | 191216100000 | 450 | COCA-COLA CO | 51.692 | 23,229.35 | |
| 120003800 | 01/19/00 | 247025109000 | 1,200 | DELL COMPUTER CORP | 42.172 | 50,530.87 | |
| 120004000 | 03/22/00 | 251568105001 | 250 | DEUTSCHE TELEKOM AG SPON ADR | 84.625 | 21,130.54 | |
| 120004400 | 12/15/00 | 294821400001 | 1,600 | ERICSSON L M TEL CO CL B ADR -USD- | 12.208 | 19,437.15 | |
| 120004500 | 01/19/00 | 313586109000 | 450 | FEDERAL NATIONAL MORTGAGE ASSN | 60.00 | 26,967.68 | |
| 120004600 | 12/15/00 | 315621888001 | 650 | FIAT S P A SPONSORED ADR REPSTG ORD CAD | 23.937 | 15,511.36 | |
| 120004900 | 08/09/00 | 345370860000 | | FORD MOTOR COMPANY PAR 0.01 | | 26.52 | |
| 120005200 | 12/28/00 | 35177Q105000 | 250 | FRANCE TELECOM SA SPONS ADR | 86.488 | 21,590.78 | |
| 120005400 | 01/28/00 | 369604103000 | 250 | GENERAL ELECTRIC CO | 135.736 | 33,907.86 | |
| 120005700 | 12/28/00 | 370442105000 | 925 | GENERAL MOTORS CORP | 50.355 | 46,512.35 | |
| 120006000 | 02/01/00 | 437076102000 | 400 | HOME DEPOT INC | 59.348 | 23,710.56 | |
| 120006200 | 01/27/00 | 458140100000 | 400 | INTEL CORP | 98.112 | 39,212.55 | |
| 120006400 | 02/01/00 | 459200101000 | 100 | INTL BUSINESS MACHINES CORP | 110.175 | 10,992.26 | |
| 120006700 | 02/02/00 | 478160104000 | 300 | JOHNSON & JOHNSON | 85.573 | 25,646.28 | |
| 120007200 | 09/07/00 | 500472303001 | 1,249 | KONINKLUKE PHILIPS ELECTRONCIS NS SPON ADR NEW | 46.453 | 57,928.05 | |
| 120007300 | 02/03/00 | 532457108000 | 200 | ELI LILLY & CO | 64.427 | 12,860.11 | |

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# Prime Broker Statement
# Forms 1099 for 2000

**CITIBANK FSB**
**Account Number** [redacted]

***This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.***

## 1099-B Proceeds from Broker and Barter Exchange Transactions 2000 - *continued*

(OMB#1545-0715)

| Reference number | Date of sale (Box 1a) | CUSIP number (Box 1b) | Quantity | Description (Box 5) | Price | Gross proceeds less commissions (Box 2) | Federal income tax withheld (Box 4) |
|---|---|---|---|---|---|---|---|
| 120007400 | 12/07/00 | 549463107000 | 700 | LUCENT TECHNOLOGIES INC | $ 14.451 | $ 10,066.71 | |
| 120007600 | 02/02/00 | 55268B106000 | 300 | MCI WORLDCOM INC | 44.70 | 13,362.73 | |
| 120007900 | 02/04/00 | 589331107000 | 150 | MERCK & CO INC | 75.534 | 11,304.72 | |
| 120008000 | 01/26/00 | 594918104000 | 250 | MICROSOFT CORP | 98.489 | 24,591.60 | |
| 120008500 | 01/27/00 | 717081103000 | 400 | PFIZER INC | 35.046 | 13,991.09 | |
| 120008600 | 06/19/00 | 717081103000 | | PFIZER INC | | 23.28 | |
| 120008800 | 12/18/00 | 737273102001 | 2,700 | PORTUGAL TELECOM SA SPONS ADR | 9.052 | 24,316.86 | |
| 120009000 | 01/28/00 | 742718109000 | 100 | PROCTER & GAMBLE CO | 100.967 | 10,071.39 | |
| 120009200 | 02/18/00 | 780257205001 | 2,400 | REPSOL S A SPONSORED ADR -USD- | 19.771 | 47,290.53 | |
| 120009400 | 02/03/00 | 78387G103000 | 250 | SBC COMMUNICATIONS INC | 42.234 | 10,533.29 | |
| 120009500 | 02/08/00 | 806605101000 | 200 | SCHERING PLOUGH CORP | 46.857 | 9,306.24 | |
| 120010000 | 12/27/00 | 852061100000 | 950 | SPRINT CORP | 20.447 | 19,371.10 | |
| 120010600 | 08/31/00 | 879382208001 | 400 | TELEFONICA S.A. SPONS ADR | 57.027 | 22,782.36 | |
| 120010800 | 01/28/00 | 887315109000 | 450 | TIME WARNER HOLDINGS CO | 81.474 | 36,630.89 | |
| 120010900 | 04/14/00 | 887315109000 | 300 | TIME WARNER INC | 81.029 | 24,283.15 | |
| 120011200 | 12/08/00 | 892331307001 | 650 | TOYOTA MOTOR CORP ADR 2COM NEW | 68.789 | 44,657.49 | |
| 120011500 | 07/14/00 | 92839U107000 | 78 | VISTEON CORP | 14.969 | 1,152.57 | |
| 120011900 | 06/20/00 | 928856129001 | 1,400 | RTS VOVO AD EXP 6/30/2000 | .687 | 962.46 | |
| 120012100 | 08/24/00 | 928856400001 | 1,400 | VOLVO AKTIEBOLAGET ADR B -USD- | 16.519 | 23,110.63 | |
| 120012300 | 01/24/00 | 931142103000 | 400 | WAL-MART STORES INC | 60.381 | 24,123.59 | |

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Ref 00006740 00146483

## Prime Broker Statement
## Forms 1099 for 2000

*CITIBANK FSB*
*Account Number* [redacted]

***This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.***

### 1099-B Proceeds from Broker and Barter Exchange Transactions 2000 - *continued*

(OMB#1545-0715)

| Reference number | Date of sale (Box 1a) | CUSIP number (Box 1b) | Quantity | Description (Box 5) | Price | Gross proceeds less commissions (Box 2) | Federal income tax withheld (Box 4) |
|---|---|---|---|---|---|---|---|
| 120012300 | 02/17/00 | 961214301001 | 650 | WESTPAC BKG LTD SPONSORED ADR -USD- | $ 32.04 | $ 20,771 30 | |
| 120012700 | 08/24/00 | 98157D106000 | 600 | WORLDCOM INC GA-NEW | 35 267 | 21,114 49 | |
| 120012300 | 12/13/00 | 98157D106000 | 600 | WORLDCOM INC GA-NEW | 18.283 | 10,930 49 | |
| **Totals** | | | | | | **$ 1,234,666 97** | |

# Prime Broker Statement
# 2000 Year End Summary

CITIBANK FSB
Account Number [redacted]

## Details of 1099 Reported Interest Income 2000

*The following details show how we derived your total interest reported on Form 1099-INT. Amounts in Box 1 and Box 3 include any taxable accrued interest received.*

| Reference number | Description | Interest income not included in box 3 (Box 1) | Early withdrawal penalty (Box 2) | US Savings Bonds and other US Treasury interest (Box 3) | Federal income tax withheld (Box 4) | Investment expenses (Box 5) | Foreign tax paid (Box 6) |
|---|---|---|---|---|---|---|---|
| 130000100 | INTEREST ON CREDIT BALANCE | $ 2,709.10 | | | | | |
| **Totals in Boxes 1-6** | | $ 2,709.10 | | | | | |

## Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 3

*The following details show how we derived your total dividends reported on form 1099-DIV. Amount displayed for ordinary dividends include dividend reinvestments, money fund earnings, and accrued dividends received*

| Reference number | Description | Ordinary dividends* (Box 1) | Short term capital gain* | Total capital gains distributions (Box 2a) | 28% rate gain (Box 2b) | Unrecaptured Sec. 1250 gain (Box 2c) | Section 1202 gain (Box 2d) | Nontaxable distributions (Box 3) |
|---|---|---|---|---|---|---|---|---|
| 15000C100 | *** DAIMLERCHRYSLER AG-EUR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | $ 1,780.53 | | | | | | |
| 15000C200 | AT&T CORP | 594.00 | | | | | | |
| 15000C300 | ABBOTT LABORATORIES | 138.00 | | | | | | |
| 15000C400 | *** ALCATEL SA ADR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | 354.49 | | | | | | |
| 15000C500 | AMER INTERNATIONAL GROUP INC | 52.78 | | | | | | |
| 15000C600 | *** ASTRAZENECA PLC SPON ADR<br>GBP<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | 627.66 | | | | | | |
| 15000C700 | *** AVENTIS SPONS ADR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | 343.48 | | | | | | |
| 15000C800 | *** AKA UAP SPONS ADR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | 1,173.06 | | | | | | |

2000 YEAR END SUMMARY

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# Prime Broker Statement
## 2000 Year End Summary

**CITIBANK FSB**
**Account Number** [redacted]

## Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 3 - *continued*

| Reference number | Description | Ordinary dividends* (Box 1) | Short term capital gain* | Total capital gains distributions (Box 2a) | 28% rate gain (Box 2b) | Unrecaptured Sec. 1250 gain (Box 2c) | Section 1202 gain (Box 2d) | Nontaxable distributions (Box 3) |
|---|---|---|---|---|---|---|---|---|
| 150000800 | *** BANCO BILBAO VIZCAYA S A SPONSORED ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | $ 197.78 | | | | | | |
| 150001000 | *** BANCO BILBAO VIZCAYA-SP ADR-ARGENTARIA THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 341.28 | | | | | | 50.04 |
| 150001100 | *** BANCO SANTANDER CENT HISPANO S ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 561.17 | | | | | | |
| 150001200 | BANK OF AMERICA CORP | 1,236.00 | | | | | | |
| 150001300 | *** BANK OF TOKYO MITSUBISHI ADR-USD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 328.59 | | | | | | |
| 150001400 | BELL ATLANTIC CORP | 462.00 | | | | | | |
| 150001500 | BELLSOUTH CORP | 513.00 | | | | | | |
| 150001600 | BRISTOL MYERS SQUIBB CO | 477.75 | | | | | | |
| 150001700 | CITIGROUP INC | 312.00 | | | | | | |
| 150001800 | COCA-COLA CO | 255.00 | | | | | | |
| 150001900 | *** DEUTSCHE TELEKOM AG SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 307.44 | | | | | | |
| 150002000 | *** ERICSSON L M TEL CO CL B ADR -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 92.34 | | | | | | |
| 150002100 | EXXON MOBIL CORP | 704.00 | | | | | | |
| 150002200 | *** FIAT S P A SPONSORED ADR REPSTG ORD CAD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 374.15 | | | | | | |
| 150002300 | FORD MOTOR CO | 930.00 | | | | | | |

2000 YEAR END SUMMARY

# Prime Broker Statement
## 2000 Year End Summary

**CITIBANK FSB**
**Account Number** [redacted]

## Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 3 - *continued*

| Reference number | Description | Ordinary dividends* (Box 1) | Short term capital gain* | Total capital gains distributions (Box 2a) | 28% rate gain (Box 2b) | Unrecaptured Sec. 1250 gain (Box 2c) | Section 1202 gain (Box 2d) | Nontaxable distributions (Box 3) |
|---|---|---|---|---|---|---|---|---|
| 150002400 | FORD MOTOR COMPANY PAR 0.0 | $ 314.40 | | | | | | |
| 150002500 | *** FUJI PHOTO FILM CO LTD ADR NEW -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 253.65 | | | | | | |
| 150002600 | GENERAL ELECTRIC CO | 512.50 | | | | | | |
| 150002700 | *** GLAXOSMITHKLINE PLC SPONS ADR -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 780.58 | | | | | | |
| 150002800 | *** HITACHI LTD-ADR-10 COM-NEW USD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 232.38 | | | | | | |
| 150002900 | HOME DEPOT INC | 104.00 | | | | | | |
| 150003000 | *** ING GROEP NV SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 1,285.49 | | | | | | |
| 150003100 | INTEL CORP | 56.00 | | | | | | |
| 150003200 | INTL BUSINESS MACHINES CORP | 153.00 | | | | | | |
| 150003300 | JOHNSON & JOHNSON | 372.00 | | | | | | |
| 150003400 | *** KONINKLIJKE PHILIPS ELECTRONIC-EUR SPONS ADR NEW N V THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 367.15 | | | | | | 1,505.36 |
| 150003500 | ELI LILLY & CO | 416.00 | | | | | | |
| 150003600 | LUCENT TECHNOLOGIES INC | 56.00 | | | | | | |
| 150003700 | *** MATSUSHITA ELEC INDL ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 229.03 | | | | | | |
| 150003800 | MERCK & CO INC | 648.50 | | | | | | |
| 150003900 | *** NEC CORP ADR -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 194.47 | | | | | | |

2000 YEAR END SUMMARY

# Prime Broker Statement
# 2000 Year End Summary

**CITIBANK FSB**
**Account Number** [redacted]

## Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 3 - *continued*

| Reference number | Description | Ordinary dividends* | Short term capital gain* (Box 1) | Total capital gains distributions (Box 2a) | 28% rate gain (Box 2b) | Unrecaptured Sec. 1250 gain (Box 2c) | Section 1202 gain (Box 2d) | Nontaxable distributions (Box 3) |
|---|---|---|---|---|---|---|---|---|
| 150004000 | *** NATIONAL AUSTRALIA BK LTD<br>SPONSORED ADR -USD- | $ 1,382.60 | | | | | | |
| 150004100 | *** NOKIA CORP SPONSORED ADR<br>EACH REPSTG "A" SH<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | 172.48 | | | | | | |
| 150004200 | *** NORSK HYDRO A S<br>SPONSORED ADR-USD<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | 741.80 | | | | | | |
| 150004300 | PFIZER INC | 461.16 | | | | | | |
| 150004400 | PHILIP MORRIS COS INC | 2,364.00 | | | | | | |
| 150004500 | *** PORTUGAL TELECOM SGPS<br>SP ADR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | 513.39 | | | | | | |
| 150004600 | PROCTER & GAMBLE CO | 542.00 | | | | | | |
| 150004700 | *** REPSOL S A SPONSORED ADR<br>USD<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | 392.32 | | | | | | |
| 150004800 | *** ROYAL DUTCH PETROLEUM CO<br>NY REGISTRY SH PAR N GLDR 1.25<br>DEN-EUR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | 1,026.27 | | | | | | |
| 150004900 | SBC COMMUNICATIONS INC | 714.20 | | | | | | |
| 150005000 | *** SAN PAOLO-IMI SPA,<br>TORINO-ITL<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | 971.75 | | | | | | |
| 150005100 | SCHERING PLOUGH CORP | 352.00 | | | | | | |
| 150005200 | *** SEAGRAM CO LTD<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | 371.07 | | | | | | |

2000 YEAR END SUMMARY

## Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 3 - *continued*

| Reference number | Description | Ordinary dividends* Box 1) | Short term capital gain* | Total capital gains distributions (Box 2a) | 28% rate gain (Box 2b) | Unrecaptured Sec. 1250 gain (Box 2c) | Section 1202 gain (Box 2d) | Nontaxable distributions (Box 3) |
|---|---|---|---|---|---|---|---|---|
| 150005300 | *** SONY CORP-ADR-AMERICAN SHS NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | $ 102.26 | | | | | | |
| 150005400 | *** TELE DANMARK A/S SPON ADR REPSTG CL B SHS -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 503.15 | | | | | | |
| 150005500 | TIME WARNER INC | 13.50 | | | | | | |
| 150005600 | *** TOTAL FINA ELF S.A. SPONS ADR USD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 669.60 | | | | | | |
| 150005700 | *** TOYOTA MOTOR CORP ADR 2COM NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 287.30 | | | | | | |
| 150005800 | *** UNILEVER NV NEW YORK SHS -NEW- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 1,083.23 | | | | | | |
| 150005900 | VERIZON COMMUNICATIONS | 462.00 | | | | | | |
| 150006000 | *** VOLVO AKTIEBOLAGET ADR B -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 1,070.94 | | | | | | |
| 150006100 | WAL-MART STORES INC | 156.00 | | | | | | |
| 150006200 | WARNER LAMBERT CO | 84.00 | | | | | | |
| 150006300 | *** WESTPAC BKG LTD SPONSORED ADR -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | 496.37 | | | | | | |
| **Totals** | | **$ 32,917.00** | | | | | | **$ 1,655.42** |

*The total of these two categories equals the amount reported in Form 1099-DIV, Box 1*

2000 YEAR END SUMMARY

# Prime Broker Statement
## 2000 Year End Summary

**CITIBANK FSB**
**Account Number** [redacted]

## Details of 1099 Reported Dividends and Distributions 1999, Boxes 4 - 9

*The following details show how we derived your total dividends reported on form 1099-DIV Amount displayed for ordinary dividends include dividend reinvestments, money fund earnings, and accrued dividends received*

| Reference number | Description | Federal income tax withheld (Box 4) | Investment expense (Box 5) | Foreign tax paid (Box 6) | Foreign country or US possession (Box 7) | Liquidation distributions - cash (Box 8) | Liquidation distributions - non cash (Box 9) |
|---|---|---|---|---|---|---|---|
| 150000100 | *** DAIMLERCHRYSLER AG-EUR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | $ 469.61 | | | |
| 150000400 | *** ALCATEL SA ADR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 88.62 | | | |
| 150000600 | *** ASTRAZENECA PLC SPON ADR<br>GBP<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 62.76 | | | |
| 150000700 | *** AVENTIS SPONS ADR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 85.87 | | | |
| 150000800 | *** AXA UAP SPONS ADR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 148.37 | | | |
| 150000900 | *** BANCO BILBAO VIZCAYA S A<br>SPONSORED ADR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 49.44 | | | |
| 150001000 | *** BANCO BILBAO VIZCAYA-SP<br>ADR-ARGENTARIA<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 85.32 | | | |
| 150001100 | *** BANCO SANTANDER CENT<br>HISPANO S ADR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 140.30 | | | |
| 150001300 | *** BANK OF TOKYO MITSUBISHI<br>ADR-USD<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 49.29 | | | |

2000 YEAR END SUMMARY

CITIBANK FSB
Account Number [redacted]

## Details of 1099 Reported Dividends and Distributions 1999, Boxes 4 - 9 - *continued*

| Reference number | Description | Federal income tax withheld (Box 4) | Investment expense (Box 5) | Foreign tax paid (Box 6) | Foreign country or US possession (Box 7) | Liquidation distributions - cash (Box 8) | Liquidation distributions - non cash (Box 9) |
|---|---|---|---|---|---|---|---|
| 150001900 | *** DEUTSCHE TELEKOM AG SPON ADR<br>THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | $ 33.84 | | | |
| 150002000 | *** ERICSSON L M TEL CO CL B ADR -USD-<br>THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 13.85 | | | |
| 150002200 | *** FIAT S P A SPONSORED ADR REPSTG ORD CAD<br>THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 101.02 | | | |
| 150002500 | *** FUJI PHOTO FILM CO LTD ADR NEW -USD-<br>THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 36.05 | | | |
| 150002700 | *** GLAXOSMITHKLINE PLC SPONS ADR -USD-<br>THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 78.08 | | | |
| 150002800 | *** HITACHI LTD-ADR-10 COM-NEW USD<br>THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 34.86 | | | |
| 150003000 | *** ING GROEP NV SPONS ADR<br>THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 192.62 | | | |
| 150003400 | *** KONINKLIJKE PHILIPS ELECTRONIC-EUR SPONS ADR NEW N V<br>THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 55.07 | | | |
| 150003700 | *** MATSUSHITA ELEC INDL ADR<br>THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 34.35 | | | |

CITIBANK FSB
Account Number [redacted]

## Details of 1099 Reported Dividends and Distributions 1999, Boxes 4 - 9 - *continued*

| Reference number | Description | Federal income tax withheld (Box 4) | Investment expense (Box 5) | Foreign tax paid (Box 6) | Foreign country or US possession (Box 7) | Liquidation distributions - cash (Box 8) | Liquidation distributions - non-cash (Box 9) |
|---|---|---|---|---|---|---|---|
| 150003900 | *** NEC CORP ADR -USD-<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | $ 29 17 | | | |
| 150004100 | *** NOKIA CORP SPONSORED ADR<br>EACH REPSTG "A" SH<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 25.87 | | | |
| 150004200 | *** NORSK HYDRO A S<br>SPONSORED ADR-USD<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 111.27 | | | |
| 150004500 | *** PORTUGAL TELECOM SGPS<br>SP ADR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 61 41 | | | |
| 150004700 | *** REPSOL S A SPONSORED ADR<br>-USD-<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 98 08 | | | |
| 150004800 | *** ROYAL DUTCH PETROLEUM CO<br>NY REGISTRY SH PAR N GLDR 1.25<br>DEN-EUR<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 154 24 | | | |
| 150005000 | *** SAN PAOLO-IMI SPA,<br>TORINO-ITL<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 235 37 | | | |
| 150005200 | *** SEAGRAM CO LTD<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 55 65 | | | |
| 150005300 | *** SONY CORP-ADR-AMERICAN SHS<br>NEW<br>THIS AMOUNT INCLUDES TAXES<br>PAID TO A FOREIGN GOVERNMENT | | | 15.34 | | | |

2000 YEAR END SUMMARY

2000 YEAR END SUMMARY

SALOMON SMITH BARNEY
A member of citigroup

Member: Shelley Berkley NV 01

**Prime Broker Statement**
**2000 Year End Summary**

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Ref: 00006740 00146493

*CITIBANK FSB*
*Account Number* [redacted]

## Details of 1099 Reported Dividends and Distributions 1999, Boxes 4 - 9 - *continued*

| Reference number | Description | Federal income tax withheld (Box 4) | Investment expense (Box 5) | Foreign tax paid (Box 6) | Foreign country or US possession (Box 7) | Liquidation distributions - cash (Box 8) | Liquidation distributions - non cash (Box 9) |
|---|---|---|---|---|---|---|---|
| 150005400 | *** TELE DANMARK A/S SPON ADR REPSTG CL B SHS -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | $ 125.79 | | | |
| 150005800 | *** TOTAL FINA ELF S A. SPONS ADR-USD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 187.40 | | | |
| 150005700 | *** TOYOTA MOTOR CORP ADR 2COM NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 43.10 | | | |
| 150005800 | *** UNILEVER NV NEW YORK SHS -NEW- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 159.49 | | | |
| 150006000 | *** VOLVO AKTIEBOLAGET ADR B -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 169.64 | | | |
| 150006300 | *** WESTPAC BKG LTD SPONSORED ADR -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT | | | 74.46 | | | |
| **Totals** | | | | **$ 3,278.78** | | | |

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# MORGAN STANLEY DEAN WITTER

## RETIREMENT ACCOUNT

**FOR MONTH ENDING DECEMBER 31, 2000**



Your Financial Advisor
M'CHAEL NOVICK
SENIOR VICE PRESIDENT - INVESTMENTS
MORGAN STANLEY DEAN WITTER
3800 HOWARD HUGHES PKY STE 800
LAS VEGAS, NV 89109
(702) 737-8114

ROCHELLE L BERKLEY 003950
187 REED
HENDERSON NV 89014 0637 137

Account Number FA
[redacted]

Date of Birth
January 20, 1951

IRA Rollover
Dated 08/11/87

### Asset Summary

| | Value | % of Asset |
|---|---|---|
| Money Market Funds | $7.06 | 0.03 |
| Stocks | 0.00 | 0.0 |
| Municipal Bonds | 0.00 | 0.0 |
| Corporate Fixed Income | 0.00 | 0.0 |
| Government Securities | 0.00 | 0.0 |
| Mutual Funds | $3,228.90 | 100.0 |
| Unit Investment Trusts | 0.00 | 0.0 |
| Certificates of Deposit | 0.00 | 0.0 |
| Annuities/Insurance | 0.00 | 0.0 |
| Other | 0.00 | 0.0 |
| Asset Value | $3,235.96 | 100.07 |
| Cash | 0.00 | |
| **Total Asset Value** | $3,235.96 | |

### Income Summary

| | This Month | Year-To-Date |
|---|---|---|
| Money Market Funds | $0.00 | $15.46 |
| Stocks | 0.00 | 0.00 |
| Municipal Bonds | 0.00 | 0.00 |
| Corporate Fixed Income | 0.00 | 0.00 |
| Government Securities | 0.00 | 0.00 |
| Mutual Funds | 0.00 | 0.00 |
| Unit Investment Trusts | 0.00 | 0.00 |
| Certificates of Deposit | 0.00 | 0.00 |
| Other | 0.00 | 0.00 |
| **Total Income** | $0.00 | $15.46 |

### Activity Summary

| | | |
|---|---|---|
| **Total Asset Value September 30 2000** | | $105,281.89 |
| Cash/Money Market Activity | | |
| Closing Balance 9/30 | $7.06 | |
| **Credits To Your Account** | | |
| Dividends and Interest | $.00 | |
| Deposits | $.00 | |
| Sales Proceeds/Redemptions | $.00 | |
| Other Credits | 9,206.98 | |
| Total Credits | 9,206.98 | |
| **Debits To Your Account** | | |
| Withdrawals | $.00 | |
| Funds to Purchase Securities | -9,206.98 | |
| Other Debits | $.00 | |
| Total Debits | -9,206.98 | |
| Closing Balance 12/31 | 7.06 | |
| **Net Change Cash/Money Market Activity** | | $.00 |
| Changes in Asset Value | | |
| Value of Priced Assets 9/30 | $105,273.83 | |
| Securities Bought | 9,206.98 | |
| Securities Received | 0.00 | |
| Securities Sold/Redeemed | 0.00 | |
| Securities Delivered | 0.00 | |
| Transactions at Fund Company | 0.00 | |
| Change in Value of Priced Assets | -31,251.91 | |
| Value of Priced Assets 12/31 | $3,228.90 | |
| **Net Change in Asset Value** | | -22,044.93 |
| **Total Asset Value as of December 31 2000** | | $3,235.96 |

*Please see page 4 for your Account's Retirement Recap.*

*Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. and services are offered through Dean Witter Reynolds Inc., member SIPC*

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# MORGAN STANLEY DEAN WITTER

## RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 2000



ROCHELLE L BERKLEY
187 REED

Account Number [redacted] FA [redacted]

## ASSET DETAILS

| Cash and Money Market Funds | Amount | Pct of Assets | Est Yrly Income |
|---|---|---|---|
| CASH | .00 | --- | --- |
| MSDW LIQUID ASSET FUND | 7.06 | | 0 |
| **Total Cash and Money Market Funds** | 7.06 | | |

Net Change Since Last Statement 1.00

| Annualized 30 Day Yields | |
|---|---|
| MSDW Liquid Asset Fund | 6.07% |
| MSDW US Gvt Mymkt | 5.85% |

| Mutual Funds | | Current Price | Value | Pct of Assets | Est Yrly Income | Distribution Rate | Fund Plan Number | Symbol | Dividend/ Cap Gains Option |
|---|---|---|---|---|---|---|---|---|---|
| **Morgan Stanley Dean Witter Mutual Funds** | | | | | | | | | |
| 653.781 | MSDW INFORMATION FUND B | 21.4600 | 14,030.14 | 16.9% | N/A | N/A | 141101498 | IFOBX | Reinv/Reinv |
| 2,066.419 | MSDW COMPETITIVE EDGE BIP B | 9.5400 | 19,713.63 | 23.7% | N/A | N/A | 123763565 | EDGBX | Reinv/Reinv |
| 591.414 | MSDW DEVELOPING GRWTH B | 23.7600 | 14,052.04 | 16.9% | N/A | N/A | 140844269 | DGRBX | Reinv/Reinv |
| **Total Morgan Stanley Dean Witter Mutual Funds** | | | 47,795.81 | 57.5% | N/A | N/A | | | |
| **Other Mutual Funds** | | | | | | | | | |
| 629.867 | PHOENIX-ENGEMANN NIFTY FIFTY A | 31.1000 | 19,588.86 | 23.5% | N/A | N/A | | PNNFX | Reinv/Reinv |
| 417.503 | PHOENIX-ENGEMANN SM MIDCP GR A | 37.9500 | 15,844.25 | 19.0% | N/A | N/A | | PNMAX | Reinv/Reinv |
| **Total Other Mutual Funds** | | | 35,433.09 | 42.5% | N/A | N/A | | | |
| **Total Mutual Funds** | | | 83,228.90 | 100.0% | N/A | N/A | | | |

Net Change Since Last Statement -22,844.93

| Asset Summary | Value | Est Yrly Income |
|---|---|---|
| **Total Asset Value** | 83,236.96 | 0 |

Total Net Change In Priced Assets Since Last Statement -22,844.93

Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. and services are offered through Dean Witter Reynolds Inc., member SIPC.

# MORGAN STANLEY DEAN WITTER

## RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 2000



ROCHELLE L BERKLEY
167 REED

Account Number [redacted] FA

## CREDITS TO YOUR ACCOUNT

**Other Credits**

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| 12-15 | S/T Capital Gain | MSDW COMPETITIVE EDGE BIP B | 484.43 | |
| 12-15 | L/T Capital Gain | MSDW COMPETITIVE EDGE BIP B | 2,130.18 | |
| 12-15 | S/T Capital Gain | MSDW DEVELOPING GRWTH B | 345.87 | |
| 12-15 | L/T Capital Gain | MSDW DEVELOPING GRWTH B | 3,284.56 | |
| 12-20 | L/T Capital Gain | PHOENIX ENGEMANN NIFTY FIFTY A | 3,121.94 | |
| | | **Total Other Credits** | **9,266.98** | **Year-To-Date** **412,106.10** |
| | | **Total Credits To Your Account** | **9,266.98** | **Year-To-Date** **842,685.03** |

## DEBITS TO YOUR ACCOUNT

**Funds to Purchase Securities**

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 12-15 | S/T Capital Gain | 41.651 | MSDW COMPETITIVE EDGE BIP B | 9.7100 | 404.43 | REINVESTMENT |
| 12-15 | L/T Capital Gain | 219.580 | MSDW COMPETITIVE EDGE BIP B | 9.7100 | 2,130.18 | REINVESTMENT |
| 12-15 | S/T Capital Gain | 15.143 | MSDW DEVELOPING GRWTH B | 22.8400 | 345.87 | REINVESTMENT |
| 12-15 | L/T Capital Gain | 140.505 | MSDW DEVELOPING GRWTH B | 22.8400 | 3,284.56 | REINVESTMENT |
| 12-20 | Bought | 107.542 | PHOENIX ENGEMANN NIFTY FIFTY A | 29.0300 | 3,121.94 | REINVESTMENT |
| | | | **Total Funds to Purchase Securities** | | **9,266.98** | **Year-To-Date** **84,187.57** |
| | | | **Total Debits To Your Account** | | **9,266.98** | **Year-To-Date** **84,187.57** |

## ADDITIONAL ACCOUNT INFORMATION

**Morgan Stanley Dean Witter Fund Summary**

| | YTD Dividends | YTD Cap Gains | YTD Taxes | Features |
|---|---|---|---|---|
| MSDW INFORMATION FUND B | 0.00 | 2,898.12 | 0.00 | Reinvest Dividends and Capital Gains |
| MSDW COMPETITIVE EDGE BIP B | 0.00 | 2,534.61 | 0.00 | Reinvest Dividends and Capital Gains |
| MSDW DEVELOPING GRWTH B | 0.00 | 3,550.43 | 0.00 | Reinvest Dividends and Capital Gains |
| MSDW LIQUID ASSET FUND | 15.46 | 0.00 | 0.00 | Reinvest Dividends |
| MSDW DIVIDEND GROWTH B | 0.00 | 0.00 | 0.00 | Reinvest Dividends and Capital Gains |

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# MORGAN STANLEY DEAN WITTER

## RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 2000



ROCHELLE L BERKLEY
187 REED

Account Number [redacted] FA [redacted]

| Morgan Stanley Dean Witter Fund Summary | YTD Dividends | YTD Cap Gains | YTD Taxes | Features |
|---|---|---|---|---|
| Totals | [redacted] | | | |

For Morgan Stanley Dean Witter Mutual Fund Account Information, call 1-800-869-NEWS(6397).

MSDW LIQUID ASSET FUND
Following are the Fund's 30-day average annualized yields during the past quarter: October 6.06%, November 6.03% and December 6.07%.

| Retirement Recap | 2000 | 1999 |
|---|---|---|
| Account Valuation | 83,215.96 | 122,403.28 |

**Messages**

Morgan Stanley Dean Witter offers a wide range of online services, including online investing.
Ask your Financial Advisor or visit www.msdw.com for details on the various online alternatives we offer.

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# MORGAN STANLEY DEAN WITTER

## RETIREMENT ACCOUNT

**FOR MONTH ENDING DECEMBER 31, 2000**



Your Financial Advisor
MICHAEL NOVICK
SENIOR VICE PRESIDENT - INVESTMENTS
MORGAN STANLEY DEAN WITTER
3800 HOWARD HUGHES PKY STE 800
LAS VEGAS, NV 89109
(702) 737-8114

Account Number FA [redacted]

Date of Birth
January 29, 1951

ROCHELLE BERKLEY 008912
187 REED
HENDERSON NV 89014 0637 137

Roth Converted IRA
Dated 12/21/98

## Asset Summary

| | Value | % of Assets |
|---|---|---|
| Money Market Funds | $365.41 | 0.2% |
| Stocks | 126,409.68 | 82.9 |
| Municipal Bonds | 0.00 | 0.0 |
| Corporate Fixed Income | 0.00 | 0.0 |
| Government Securities | 0.00 | 0.0 |
| Mutual Funds | 0.00 | 0.0 |
| Unit Investment Trusts | 0.00 | 0.0 |
| Certificates of Deposit | 25,700.00 | 16.9 |
| Annuities/Insurance | 0.00 | 0.0 |
| Other | 0.00 | 0.0 |
| Asset Value | $152,475.09 | 100.0% |
| Cash | 0.00 | |
| **Total Asset Value** | $152,475.09 | |

## Income Summary

| | This Month | Year-To-Date |
|---|---|---|
| Money Market Funds | $1.77 | $50.35 |
| Stocks | 0.00 | 1,200.00 |
| Municipal Bonds | 0.00 | 0.00 |
| Corporate Fixed Income | 0.00 | 0.00 |
| Government Securities | 0.00 | 0.00 |
| Mutual Funds | 0.00 | 0.00 |
| Unit Investment Trusts | 0.00 | 0.00 |
| Certificates of Deposit | 0.00 | 0.00 |
| Other | 0.00 | 0.00 |
| **Total Income** | $1.77 | $1,250.35 |

## Activity Summary

| | | |
|---|---|---|
| **Total Asset Value November 30 2000** | | $129,927.59 |
| Cash/Money Market Activity for December | | |
| Closing Balance 11/30 | $393.64 | |
| **Credits To Your Account** | | |
| Dividends and Interest | 1.77 | |
| Deposits | 0.00 | |
| Sales Proceeds/Redemptions | 0.00 | |
| Other Credits | 0.00 | |
| Total Credits | 1.77 | |
| **Debits To Your Account** | | |
| Withdrawals | 0.00 | |
| Funds to Purchase Securities | 0.00 | |
| Other Debits | -30.00 | |
| Total Debits | -30.00 | |
| Closing Balance 12/31 | 365.41 | |
| **Net Change Cash/Money Market Activity** | | -28.23 |
| Changes in Asset Value for December | | |
| Value of Priced Assets 11/30 | $129,533.75 | |
| Securities Bought | 0.00 | |
| Securities Received | 0.00 | |
| Securities Sold/Redeemed | 0.00 | |
| Securities Delivered | 0.00 | |
| Transactions at Fund Company | 0.00 | |
| Change in Value of Priced Assets | 22,575.93 | |
| Value of Priced Assets 12/31 | 152,109.68 | |
| **Net Change in Asset Value** | | 22,575.93 |
| **Total Asset Value as of December 31 2000** | | $152,475.09 |

*Please see page 4 for your Account's Retirement Recap.*

*Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. and services are offered through Dean Witter Reynolds Inc., member SIPC.*

# MORGAN STANLEY DEAN WITTER

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2000



ROCHELLE BERKLEY
187 REED

Account Number FA [redacted]

## ASSET DETAILS

| Cash and Money Market Funds | Amount | Pct of Assets | Est Yrly Income |
|---|---|---|---|
| CASH | .00 | --- | --- |
| MSDW LIQUID ASSET FUND | 365.41 | 0.2% | 22 |
| **Total Cash and Money Market Funds** | $365.41 | 0.2% | $22 |
| Net Change Since Last Statement | -$8.25 | | |

**Annualized 30 Day Yields**

MSDW Liquid Asset Fund..... 6.07%
MSDW US Gvt Mymkt..... 5.85%

| Stocks | | Current Price | Value | Pct of Assets | Est Yrly Income | Dividend Yield | Symbol | Additional information |
|---|---|---|---|---|---|---|---|---|
| **Common Stocks** | | | | | | | | |
| 1,500 | MORGAN STNLY DEAN WITTER & CO | 79.25000 | 118,875.00 | 78.0% | 1,200 | 1.00% | MWD | Next Dividend Payable 01/01 |
| 235 | NORTEL NETWORKS CORP NEW | 32.06250 | 7,534.68 | 4.9% | 17 | .23% | NT | Next Dividend Payable 03/01 |
| **Total Stocks** | | | $126,409.68 | 82.9% | $1,217 | .96% | | |
| Net Change Since Last Statement | | | $22,475.95 | | | | | |

| Certificates of Deposit | | Maturity Price | Maturity Value | Pct of Assets | Est Yrly Income | Current Yield | Accruing Interest | Additional information |
|---|---|---|---|---|---|---|---|---|
| 25,000 | BANKERS TRUST MARKET-LINKED DEPOSIT CD ZERO COUPON DUE 01/28/08 | 128.50000 | 25,700.00 | 16.9% | 0 | 0.00% | 0 | ISSUE 01/28/98 FDIC INSURED |
| **Total Certificates of Deposit** | | | $25,700.00 | 16.9% | 0 | 0.00% | 0 | |
| Net Change Since Last Statement | | | $100.00 | | | | | |

*The current value of callable CDs (known as FDIC Insured Deposits (FIDs)) is shown as the full face value at maturity. MSDW, though not obligated to do so, may maintain a secondary market in the FIDs but cannot provide assurance that you will be able to sell your FIDs prior to maturity. Depending on the market conditions at the time of sale, the price received through a sale in the secondary market may be more or less than the full face value at maturity.*

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**MORGAN STANLEY DEAN WITTER**

**RETIREMENT ACCOUNT**
FOR MONTH ENDING DECEMBER 31, 2000



ROCHELLE BERKLEY
187 REED

Account Number [redacted] FA [redacted]

| Asset Summary | Value | Est Yrly Income |
|---|---|---|
| Total Asset Value | $152,475.49 | $1,239 |
| Total Net Change In Priced Assets Since Last Statement | $22,675.95 | |

## CREDITS TO YOUR ACCOUNT

**Dividends and Interest**

| Date | Activity | Description | Amount | Income Category |
|---|---|---|---|---|
| 12-29 | Dividend | MSDW LIQUID ASSET FUND | 1.77 | Money Market Funds |
| | | Total Dividends and Interest | 1.77 | |

See Income Summary on page 1 for the month-to-date and year-to-date amounts per income category.

**Total Credits To Your Account** 1.77 Year-To-Date 11,149.20

## DEBITS TO YOUR ACCOUNT

**Other Debits**

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| 12-18 | Charge | ANNUAL MAINTENANCE FEE | -30.00 | |
| | | Total Other Debits | -30.00 | Year-To-Date -50.00 |

**Total Debits To Your Account** -30.00 Year-To-Date -11,145.00

Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. and services are offered through Dean Witter Reynolds Inc., member SIPC.

# MORGAN STANLEY DEAN WITTER

## RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 2000



ROCHELLE BERKLEY
187 REED

Account Number [redacted] FA [redacted]

## ADDITIONAL ACCOUNT INFORMATION

### Money Market

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| | | Closing Balance 11/30 | 593.64 | |
| 12-22 | Automatic Redemption | MSDW LIQUID ASSET FUND | -30.00 | |
| 12-29 | Dividend Reinvestment | MSDW LIQUID ASSET FUND | 1.77 | |
| | | Closing Balance 12/31 | 565.41 | |

### Morgan Stanley Dean Witter Fund Summary

| | YTD Dividends | YTD Cap Gains | YTD Taxes | Features |
|---|---|---|---|---|
| MSDW LIQUID ASSET FUND | 50.55 | 0.00 | 0.00 | Reinvest Dividends |
| Total | 50.55 | 0.00 | 0.00 | |

For Morgan Stanley Dean Witter Mutual Fund Account Information, call 1-800-869-NEWS(6397).

MSDW LIQUID ASSET FUND
Following are the Fund's 30-day average annualized yields during the past quarter: October 6.06%, November 6.03% and December 6.07%.

### Retirement Recap

| | 2000 | 1999 |
|---|---|---|
| Account Valuation | 152,475.09 | 154,264.51 |

### Messages

Morgan Stanley Dean Witter offers a wide range of online services, including online investing
Ask your Financial Advisor or visit www.msdw.com for details on the various online alternatives we offer.

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*MORGAN STANLEY DEAN WITTER*

*This transaction is confirmed in accordance with the explanations and conditions stated on the reverse side.*

Exchange Code: 7
Execution Code: 1
Your Account Number: [redacted]
Cash Account
Roth Converted IRA
Dated 12/21/98

#S0000008804 04 C137 0000000004 **

ROCHELLE BERKLEY
187 REED
HENDERSON, NV 89014 0637

Your Financial Advisor
NOVICK/SCHWARTZ
3800 HOWARD HUGHES PKY STE 800
LAS VEGAS, NV 89109
(702) 737-7275

## You Sold

**Trade Date 10/27/00 for Settlement on 11/01/00**

| Quantity | 428 | Price | 23.4375 | Settlement Amount | |
|---|---|---|---|---|---|
| *Description:* GLOBAL CROSSING LTD<br>UNSOLICITED TRADE | | | | Principal | $10,031.25 |
| | | | | Commission | 169.71 |
| | | | | S.E.C. Fee | 0.34 |
| | | | | H/P/I | 2.35 |
| | | | | Net Amount | $9,058.85 |
| *Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. Services are offered through Dean Witter Reynolds Inc., member SIPC.* | | | | Security No. G3921A100<br>Symbol GBLX | |

*MORGAN STANLEY DEAN WITTER*

*This transaction is confirmed in accordance with the explanations and conditions stated on the reverse side.*

Exchange Code: 2
Execution Code: 9
Your Account Number: [redacted]
Cash Account
Roth Converted IRA
Dated 12/21/98

ROCHELLE BERKLEY
187 REED
HENDERSON, NV 89014-0637

Your Financial Advisor
NOVICK/SCHWARTZ
3800 HOWARD HUGHES PKY STE 800
LAS VEGAS, NV 89109
(702) 737-7275

**You Bought**
**Trade Date 10/27/00 for Settlement on 11/01/00**

| Quantity | 235 | Price | 46.5625 | Settlement Amount | |
|---|---|---|---|---|---|
| *Description:* NORTEL NETWORKS CORP NEW | | | | Principal | $10,942.19 |
| UNSOLICITED TRADE | | | | Commission | 171.26 |
| | | | | H/P/I | 2.35 |
| | | | | Net Amount | $11,115.80 |
| *Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. Services are offered through Dean Witter Reynolds Inc., member SIPC.* | | | | Security No. 656568102<br>Symbol NT | |

US 01 04

# MORGAN STANLEY DEAN WITTER

## ACTIVE ASSETS ACCOUNT®

*FOR YEAR ENDING DECEMBER 31, 2000*



Your Financial Advisor
JESSE BROMBERG
SENIOR VICE PRESIDENT - INVESTMENTS
MORGAN STANLEY DEAN WITTER
101 CALIFORNIA ST. 3RD FL.
SAN FRANCISCO, CA 94111
(415) 893-6000

Account Number FA [redacted]

AAA Customer Service
1-800-869-3326

LAWRENCE M LEHRNER TTEE 001908
FOR THE LEHRNER FAMILY LIVING
TRUST DTD 2/22/96 101
167 REED LANE
HENDERSON NV 89014 0637

### Asset Summary

| | Value | % of Assets |
|---|---|---|
| Money Market Funds | $764.91 | 2.3% |
| Stocks | 0.00 | 0.0 |
| Municipal Bonds | 0.00 | 0.0 |
| Corporate Fixed Income | 0.00 | 0.0 |
| Government Securities | 0.00 | 0.0 |
| Mutual Funds | 0.00 | 0.0 |
| Unit Investment Trusts | 32,252.31 | 97.7 |
| Certificates of Deposit | 0.00 | 0.0 |
| Annuities/Insurance | 0.00 | 0.0 |
| Other | 0.00 | 0.0 |
| Asset Value | $33,017.22 | 100.0% |
| Cash | 0.00 | |
| **Total Asset Value** | $33,017.22 | |

### Income Summary

| | Year To Date |
|---|---|
| Money Market Funds | $82.23 |
| Stocks | 0.00 |
| Municipal Bonds | 0.00 |
| Corporate Fixed Income | 0.00 |
| Government Securities | 0.00 |
| Mutual Funds | 0.00 |
| Unit Investment Trusts | 0.00 |
| Certificates of Deposit | 0.00 |
| Other | 0.00 |
| Total Income | $82.23 |
| Taxable Income | $82.23 |
| Tax Exempt Income | $0.00 |

### Activity Summary

| | | |
|---|---|---|
| **Total Asset Value January 01, 2000** | | $0.00 |
| Cash/Money Market Activity for 2000 | | |
| **Credits To Your Account** | | |
| Dividend and Interest | $2.23 | |
| Deposits | $2,321.49 | |
| Sales Proceeds/Redemptions | 0.00 | |
| Other Credits | 0.00 | |
| Total Credits | $2,403.72 | |
| **Debits To Your Account** | | |
| Checking | 0.00 | |
| Debit Card | 0.00 | |
| Withdrawals | 0.00 | |
| Funds to Purchase Securities | -$1,558.81 | |
| Other Debits | -$0.00 | |
| Total Debits | -$1,658.81 | |
| Changes in Asset Value for 2000 | | |
| Value of Priced Assets 1/01/00 | $0.00 | |
| Securities Bought | $1,558.81 | |
| Securities Received | 0.00 | |
| Securities Sold/Redeemed | 0.00 | |
| Securities Delivered | 0.00 | |
| Transactions at Fund Company | 0.00 | |
| Change In Value of Priced Assets | -19,306.50 | |
| Value of Priced Assets 12/31/00 | $2,252.31 | |
| **Net Change In Asset Value** | | $2,252.31 |
| **Total Asset Value as of December 31 2000** | | $33,017.22 |

Member: Shelley Berkley NV01

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**MORGAN STANLEY DEAN WITTER**

ACTIVE ASSETS ACCOUNT®

FOR YEAR ENDING DECEMBER 31, 2000



LAWRENCE M LEHRNER TTEE
FOR THE LEHRNER FAMILY LIVING

Account Number [redacted] FA [redacted]

## ASSET DETAILS

### Cash and Money Market Funds

| | Amount | Pct of Assets | Est Yrly Income |
|---|---|---|---|
| CASH | .00 | --- | --- |
| ACTIVE ASSETS MONEY TRUST | 744.91 | 2.3% | 47 |
| **Total Cash and Money Market Funds** | $744.91 | 2.3% | $47 |
| Net Change Since January 1, 2000 | $744.91 | | |

### Annualized 30 Day Yields

| | |
|---|---|
| Active Assets Money Trust | 6.19% |
| Active Assets Govt. Sec. Tr | 6.03% |
| Active Assets California Tax Free | 3.02% |
| Active Assets Tax Free Trust | 3.68% |
| Active Assets Insured Account | 5.86% |
| Active Assets Deposit Account | 5.86% |

### Unit Investment Trusts

| | | Current Price | Value | Pct of Assets | Est Yrly Income | Current Yield | Accruing Interest | Par Value | Reinvest Option |
|---|---|---|---|---|---|---|---|---|---|
| **Equity Trusts** | | | | | | | | | |
| 4,463 | UNIT MSDW SELECT EQUITY TRUST\ HIGH-TECH 35 INDEX 00-1 | 7.2246 | 32,252.31 | 97.7% | 0 | 0.00% | N/A | N/A | Full |
| **Total Unit Investment Trusts** | | | $32,252.31 | 97.7% | 0 | 0.00% | 0 | 0.00 | |
| Net Change Since January 1, 2000 | | | $32,252.31 | | | | | | |

### Asset Summary

| | Value | Est Yrly Income |
|---|---|---|
| **Total Asset Value** | $33,017.22 | $47 |
| Total Net Change In Priced Assets Since January 1, 2000 | $32,252.31 | |

## CREDITS TO YOUR ACCOUNT

### Dividends and Interest

| Activity | Description | Amount | Income Category |
|---|---|---|---|
| Dividend | ACTIVE ASSETS MONEY TRUST | 82.23 | Money Market Funds |
| | Total Dividends and Interest | $82.23 | |

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# MORGAN STANLEY DEAN WITTER

## ACTIVE ASSETS ACCOUNT®

FOR YEAR ENDING DECEMBER 31, 2000



LAWRENCE M LEHRNER TTEE
FOR THE LEHRNER FAMILY LIVING

Account Number FA [redacted] [redacted]

**Deposits**

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| 02-28 | Branch Deposit | FUNDS RECEIVED | 51,643.72 | |
| 03-09 | Transfer | FUNDS TRANSFERRED | 676.76 | PER LETTER OF AUTHORIZATION FROM 101-217215-0 |
| 04-04 | Transfer | FUNDS TRANSFERRED | 1.01 | PER LETTER OF AUTHORIZATION FROM 101-217215-0 |
| | | Total Deposits | 52,321.49 | |

**Total Credits To Your Account** 52,321.49

## DEBITS TO YOUR ACCOUNT

**Funds to Purchase Securities**

| Date | Activity | Quantity | Description | Price | Amount | Additional Information |
|---|---|---|---|---|---|---|
| 03-06 | Bought | 4,465 | UNIT MSDW HI-TECH 35 INDEX 001 | 11.5525 | 51,558.61 | REINV FULL |
| | | | Total Funds to Purchase Securities | | -51,558.61 | |

**Other Debits**

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| 02-14 | Charge | AAA ANNUAL SERVICE FEE | -80.00 | |
| | | Total Other Debits | -80.00 | |

**Total Debits To Your Account** -51,638.61

**Messages**

*Please note that sell trades executed, checks written and debit card transactions made in 2000, and which settle early in 2001, will be reflected as 2000 transactions under the Assets, Checking and Debit Card sections of the Activity Details portion of the statement.*

Member: Shelley Berkley NV01

# MORGAN STANLEY DEAN WITTER

## RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 2000



Your Financial Advisor
JESSE BROWBERG
SENIOR VICE PRESIDENT - INVESTMENTS
MORGAN STANLEY DEAN WITTER
101 CALIFORNIA ST 3RD FL
SAN FRANCISCO, CA 94111
(415) 693-8000

Account Number FA [redacted]

Date of Birth
February 09, 1949

LARRY LEHRNER
187 REED LANE
HENDERSON NV 89014 0637

IRA Rollover
Dated 01/27/98

## Asset Summary

| | Value | % of Assets |
|---|---|---|
| Money Market Funds | $1,361.49 | 0.6 |
| Stocks | 139,091.62 | 67.6 |
| Municipal Bonds | 0.00 | 0.0 |
| Corporate Fixed Income | 0.00 | 0.0 |
| Government Securities | 0.00 | 0.0 |
| Mutual Funds | 25,635.07 | 12.4 |
| Unit Investment Trusts | 39,970.56 | 19.4 |
| Certificates of Deposit | 0.00 | 0.0 |
| Annuities/Insurance | 0.00 | 0.0 |
| Other | 0.00 | 0.0 |
| Asset Value | $206,056.74 | 100.0 |
| Cash | 0.00 | |
| **Total Asset Value** | $206,056.74 | |

## Income Summary

| | This Month | Year-To-Date |
|---|---|---|
| Money Market Funds | $66.86 | $1,020.22 |
| Stocks | 0.00 | 1,098.67 |
| Municipal Bonds | 0.00 | 0.00 |
| Corporate Fixed Income | 0.00 | 0.00 |
| Government Securities | 0.00 | 0.00 |
| Mutual Funds | 0.00 | 0.00 |
| Unit Investment Trusts | 0.00 | 0.00 |
| Certificates of Deposit | 0.00 | 0.00 |
| Other | 0.00 | 0.00 |
| **Total Income** | $66.86 | $2,118.89 |

## Activity Summary

| | | |
|---|---|---|
| **Total Asset Value November 30 2000** | | $204,598.08 |
| Cash/Money Market Activity for December | | |
| Closing Balance 11/30 | $8,077.45 | |
| **Credits To Your Account** | | |
| Dividends and Interest | 66.86 | |
| Deposits | 0.00 | |
| Sales Proceeds/Redemptions | 17,169.88 | |
| Other Credits | 0.00 | |
| Total Credits | 17,236.74 | |
| **Debits To Your Account** | | |
| Withdrawals | 0.00 | |
| Funds to Purchase Securities | -23,952.70 | |
| Other Debits | 0.00 | |
| Total Debits | -23,952.70 | |
| Closing Balance 12/31 | 1,361.49 | |
| **Net Change Cash/Money Market Activity** | | -6,715.96 |
| Changes in Asset Value for December | | |
| Value of Priced Assets 11/30 | $196,520.63 | |
| Securities Bought | 23,952.70 | |
| Securities Received | 0.00 | |
| Securities Sold/Redeemed | -17,169.88 | |
| Securities Delivered | 0.00 | |
| Transactions at Fund Company | 0.00 | |
| Change in Value of Priced Assets | 1,391.80 | |
| Value of Priced Assets 12/31 | 204,695.25 | |
| **Net Change in Asset Value** | | 8,174.62 |
| **Total Asset Value as of December 31 2000** | | $206,056.74 |

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# MORGAN STANLEY DEAN WITTER

## RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 2000



LARRY LEHRNER
187 REED LANE

Account Number [redacted] FA

## ASSET DETAILS

| Cash and Money Market Funds | Amount | Pct of Assets | Est Yrly Income |
|---|---|---|---|
| CASH | .00 | --- | --- |
| MSDW LIQUID ASSET FUND | 1,361.49 | 0.6% | 82 |
| ***Total Cash and Money Market Funds*** | **$1,361.49** | **0.6%** | **$82** |
| Net Change Since Last Statement | -6,715.96 | | |

| Annualized 30 Day Yields | |
|---|---|
| MSDW Liquid Asset Fund | 6.07% |
| MSDW US Gvt Mymkt | 5.85% |

| Stocks | | Current Price | Value | Pct of Assets | Est Yrly Income | Dividend Yield | Symbol | Additional Information |
|---|---|---|---|---|---|---|---|---|
| ***Common Stocks*** | | | | | | | | |
| 500 | ABBOTT LABORATORIES | 48.43750 | 24,218.75 | 11.8% | 380 | 1.56% | ABT | Next Dividend Payable 02/01 |
| 441 | ALTERA CP | 26.31250 | 11,603.81 | 5.7% | 0 | 0.00% | ALTR | |
| 100 | ARTISTDIRECT | .50000 | 50.00 | N/A | 0 | 0.00% | ARTD | |
| 1,500 | DRUGSTORE.COM INC | .90625 | 1,359.37 | 0.7% | 0 | 0.00% | DSCM | |
| 350 | DUPONT PHOTOMASKS INC | 52.84375 | 18,495.31 | 9.0% | 0 | 0.00% | DPMI | |
| 2,560 | GENUITY INC CL A | 5.06250 | 12,656.25 | 6.1% | 0 | 0.00% | GENU | |
| 400 | HEAD NV ORD | 5.80 | 2,320.00 | 1.1% | 0 | 0.00% | HED | |
| 500 | LSI LOGIC CORP | 17.09 | 8,545.00 | 4.1% | 0 | 0.00% | LSI | |
| 213 | MEDTRONIC INC | 60.37500 | 12,859.87 | 6.2% | 42 | .33% | MDT | Next Dividend Payable 03/01 |
| 250 | NORTHPOINT COMM GRP INC | .34375 | 85.93 | N/A | 0 | 0.00% | NPNT | |
| 350 | NVIDIA CORPORATION | 32.76562 | 11,467.96 | 5.6% | 0 | 0.00% | NVDA | |
| 155 | STARWOOD HTLS & RSTS WW INC | 35.25100 | 5,463.75 | 2.7% | 106 | 1.95% | HOT | Next Dividend Payable 01/22/01 |
| 500 | VODAFONE GP PLC ADS | 35.81250 | 17,906.25 | 8.7% | 100 | .55% | VOD | Next Dividend Payable 02/19/01 |
| 227 | WAL MART STORES INC | 53.12500 | 12,059.37 | 5.9% | 54 | .45% | WMT | Next Dividend Payable 01/18/01 |
| ***Total Stocks*** | | | **$139,091.62** | **67.6%** | **$684** | **.49%** | | |
| Net Change Since Last Statement | | | **$7,795.51** | | | | | |



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Member: Shelley Berkley NV01

# MORGAN STANLEY DEAN WITTER

## RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 2000



LARRY LEHRNER
187 REED LANE

Account Number [redacted] FA [redacted]

| Mutual Funds | Current Price | Value | Pct of Assets | Est Yrly Income | Distribution Rate | Fund Plan Number | Symbol | Dividend/ Cap Gains Option |
|---|---|---|---|---|---|---|---|---|
| **Morgan Stanley Dean Witter Mutual Funds** | | | | | | | | |
| 1,877.881 MSDW FINANCIAL SVC TR B | 13.6510 | 25,633.07 | 12.4% | N/A | N/A | 132721824 | FSVBX | Reinv/Reinv |
| **Total Mutual Funds** | | $25,633.07 | 12.4% | N/A | N/A | | | |
| Net Change Since Last Statement | | $2,535.14 | | | | | | |

| Unit Investment Trusts | Current Price | Value | Pct of Assets | Est Yrly Income | Current Yield | Accruing Interest | Par Value | Reinvest Option |
|---|---|---|---|---|---|---|---|---|
| **Equity Trusts** | | | | | | | | |
| 6,675 UNIT MSDW SELECT EQUITY TRUST\ HIGH-TECH 35 INDEX 00-2 | 5.9881 | 39,970.56 | 19.4% | 0 | 0.00% | N/A | N/A | Full |
| **Total Unit Investment Trusts** | | $39,970.56 | 19.4% | 0 | 0.00% | 0 | $.00 | |
| Net Change Since Last Statement | | -2,156.03 | | | | | | |

| Asset Summary | Value | Est Yrly Income |
|---|---|---|
| **Total Asset Value** | $206,056.74 | $766 |
| Total Net Change In Priced Assets Since Last Statement | $8,174.62 | |

## CREDITS TO YOUR ACCOUNT

### Dividends and Interest

| Date | Activity | Description | Amount | Income Category |
|---|---|---|---|---|
| 12-29 | Dividend | MSDW LIQUID ASSET FUND | $6.86 | Money Market Funds |

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LARRY LEHRNER
187 REED LANE

Account Number [redacted] FA [redacted]

## Dividends and Interest

| Date | Activity | Description | Amount | Income Category |
|---|---|---|---|---|
| | | Total Dividends and Interest | 66.86 | |

See Income Summary on page 1 for the month-to-date and year-to-date amounts per income category.

## Sales Proceeds/Redemptions

| Date | Activity | Quantity | Description | Price | Amount | Additional Information | |
|---|---|---|---|---|---|---|---|
| 12-14 | Sold | 1,000 | CHINA PETE&CHEM CP ADS H SHS | 17.5625 | 17,169.88 | | |
| | | | Total Sales Proceeds/Redemptions | | $17,169.88 | Year-To-Date | $1,006,612.03 |
| **Total Credits To Your Account** | | | | | $17,236.74 | Year-To-Date | $1,036,346.92 |

## DEBITS TO YOUR ACCOUNT

## Funds to Purchase Securities

| Date | Activity | Quantity | Description | Price | Amount | Additional Information | |
|---|---|---|---|---|---|---|---|
| 12-27 | Bought | 213 | MED'RONIC INC | 55 | 11,963.25 | | |
| 12-27 | Bought | 227 | WAL MART STORES INC | 51.6875 | 11,989.45 | | |
| | | | Total Funds to Purchase Securities | | -23,952.70 | Year-To-Date | -1,034,821.59 |
| **Total Debits To Your Account** | | | | | -23,952.70 | Year-To-Date | -1,034,851.59 |

## ADDITIONAL ACCOUNT INFORMATION

## Money Market

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| | | Closing Balance 11/30 | 8,077.45 | |
| 12-15 | Automatic Investment | MSDW LIQUID ASSET FUND | 17,169.88 | |
| 12-27 | Automatic Redemption | MSDW LIQUID ASSET FUND | -23,952.70 | |



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*MORGAN STANLEY DEAN WITTER*

**Member: Shelley Berkley NV01**

**RETIREMENT ACCOUNT**

***FOR MONTH ENDING DECEMBER 31, 2000***



LARRY LEHRNER
187 REED LANE

Account Number [redacted] FA

## Money Market

| Date | Activity | Description | Amount | Additional Information |
|---|---|---|---|---|
| 12-29 | Dividend Reinvestment | MSDW LIQUID ASSET FUND | 66.86 | |
| | | Closing Balance 12/31 | 1,561.49 | |

## Morgan Stanley Dean Witter Fund Summary

| | YTD Dividends | YTD Cap Gains | YTD Taxes | Features |
|---|---|---|---|---|
| MSDW FINANCIAL SVC TR B | 0.00 | 0.00 | 0.00 | Reinvest Dividends and Capital Gains |
| MSDW LIQUID ASSET FUND | 1,020.22 | 0.00 | 0.00 | Reinvest Dividends |
| Totals | $1,020.22 | $0.00 | $0.00 | |

*For Morgan Stanley Dean Witter Mutual Fund Account Information, call 1-800-869-NEWS(6397).*

*MSDW LIQUID ASSET FUND*
*Following are the Fund's 30-day average annualized yields during the past quarter: October 6.06%, November 6.03% and December 6.07%.*

## Retirement Recap

| | 2000 | 1999 |
|---|---|---|
| Account Valuation | 206,056.74 | 212,899.19 |

## Messages

*Morgan Stanley Dean Witter offers a wide range of online services including online investing.*
*Ask your Financial Advisor or visit www.msdw.com for details on the various online alternatives we offer.*

*Morgan Stanley Dean Witter is a service mark of Morgan Stanley Dean Witter & Co. and services are offered through Dean Witter Reynolds Inc., member SIPC.*

Member: Shelley Berkley NV 01
Detailed Transactions for Dean Witter IRA owner Larry Lehrner

| Date | Action | Transaction | Price | Shares | $ Amount |
|---|---|---|---|---|---|
| 1/4/00 | Sell | Computer Sciences | 93 | 400 | 36,768.41 |
| 1/4/00 | Buy | Seagate | 42 3/4 | 850 | 36,899.73 |
| 1/10/00 | Buy | ITC Deltacom | 28 3/16 | 940 | 27,000.90 |
| 1/19/00 | Sell | Sun International Hotels | 22.18 | 1,640 | 35,665.49 |
| 1/21/00 | Buy | Scient | 88 | 300 | 26,400.00 |
| 1/21/00 | Div | Starwood Hotel & Resorts | | | 23.25 |
| 1/31/00 | IntInc | | | | 34.33 |
| 2/2/00 | Sell | ITC Deltacom | 32 1/4 | 940 | 29,779.16 |
| 2/7/00 | Buy | Network Solutions | 247 | 150 | 37,050.00 |
| 2/7/00 | Div | Sappi | | | 745.2 |
| 2/10/00 | Sell | Network Solutions | 292 7/8 | 150 | 43,713.43 |
| 2/11/00 | Buy | Packaging Corp America | 10 3/4 | 900 | 9,944.41 |
| 2/11/00 | Buy | Digex | 90 | 400 | 36,000.00 |
| 2/14/00 | Buy | Savvis Communications | 24 | 100 | 2,400.00 |
| 2/15/00 | Sell | Digex | 108 1/2 | 400 | 42,968.20 |
| 2/16/00 | Buy | Choice One Communications | 20 | 100 | 2,000.00 |
| 2/22/00 | Sell | Choice One Communications | 35 1/8 | 100 | 3,418.83 |
| 2/29/00 | IntInc | | | | 28.95 |
| 3/2/00 | Buy | Palm | 38 | 25 | 950 |
| 3/2/00 | Sell | Palm | 117 1/4 | 25 | 2,850.21 |
| 3/13/00 | Sell | Seagate | 68 1/8 | 850 | 57,203.59 |
| 3/14/00 | Buy | Sycamore Networks | 150 1/4 | 350 | 52,587.50 |
| 3/15/00 | Sell | Scient | 103 5/8 | 300 | 30,763.11 |
| 3/16/00 | Buy | Drugstore.com | 18 | 1,500 | 27,000.00 |
| 3/21/00 | Sell | High-Tech 35 Index 99-2 | 20.5821 | 3,214 | 66,150.87 |
| 3/21/00 | Buy | High-Tech 35 Index 00-2 | 9.91 | 6,675 | 66,149.25 |
| 3/23/00 | Sell | AVX | 81 | 600 | 48,005.72 |
| 3/23/00 | Buy | Sun Life | 8 1/2 | 1,000 | 8,500.00 |
| 3/23/00 | Buy | Viasystems | 21 | 300 | 6,300.00 |
| 3/23/00 | Sell | Sun Life | 9 3/8 | 1,000 | 9,099.21 |
| 3/27/00 | Buy | Artistdirect | 12 | 100 | 1,200.00 |
| 3/31/00 | IntInc | | | | 56.32 |
| 4/4/00 | Buy | BE Semiconductor | 16 1/16 | 1,000 | 16,433.17 |
| 4/5/00 | Buy | Sun Microsystems | 87 1/2 | 150 | 13,335.49 |
| 4/18/00 | Sell | Sappi | 6 3/16 | 4,000 | 24,058.84 |
| 4/20/00 | Buy | Viasystems | 13 1/2 | 1,200 | 16,587.19 |
| 4/21/00 | Div | Starwood Hotel & Resorts | | | 26.74 |
| 4/26/00 | Sell | Wellpoint | 75 9/16 | 250 | 18,581.27 |
| 4/26/00 | Sell | BE Semiconductor | 18 3/8 | 500 | 8,984.20 |
| 4/26/00 | Sell | BE Semiconductor | 18 3/8 | 500 | 8,986.59 |
| 4/26/00 | Buy | Time Warner Telecom | 50 | 700 | 35,000.00 |
| 4/26/00 | Buy | At&T Wireless | 29 1/2 | 1,000 | 29,500.00 |
| 4/28/00 | Sell | Time Warner Telecom | 55 | 700 | 37,956.97 |
| 4/28/00 | IntInc | | | | 149.36 |
| 5/1/00 | Sell | At&T Wireless | 32 1/2 | 1,000 | 31,962.58 |
| 5/1/00 | Buy | Microsoft | 73 1/8 | 250 | 18,588.19 |
| 5/1/00 | Buy | JDS Uniphase | 103 15/16 | 250 | 26,307.73 |

Member: Shelley Berkley NV 01
Detailed Transactions for Dean Witter IRA owner Larry Lehrner

| | | | | | |
|---|---|---|---|---|---|
| 5/23/00 | Buy | Applied Material | 74 1/2 | 300 | 22,673.35 |
| 5/25/00 | Sell | Packaging Corp America | 11 3/8 | 900 | 9,959.73 |
| 5/25/00 | Sell | Savvis Communications | 13 1/4 | 100 | 1,270.26 |
| 5/31/00 | IntInc | | | | 132.56 |
| 6/1/00 | Sell | Applied Material | 87 13/16 | 300 | 26,019.52 |
| 6/1/00 | Sell | Viasystems | 12 5/16 | 1,000 | 11,994.80 |
| 6/1/00 | Buy | Exodus | 78 9/16 | 400 | 31,855.35 |
| 6/1/00 | Sell | Viasystems | 12 5/16 | 500 | 6,007.41 |
| 6/16/00 | Sell | JDS Uniphase | 121 1/8 | 250 | 29,956.89 |
| 6/16/00 | Sell | Exodus | 101 7/8 | 400 | 40,318.29 |
| 6/19/00 | Buy | Deutsche Telekom | 64.38 | 400 | 25,752.00 |
| 6/20/00 | Buy | China Unicom | 19.99 | 2,000 | 39,980.00 |
| 6/20/00 | Sell | China Unicom | 23 | 2,000 | 45,307.96 |
| 6/20/00 | Buy | Telefonos De Mexico | 53 1/4 | 300 | 15,975.00 |
| 6/22/00 | Buy | Valero Engery | 29 1/8 | 750 | 21,843.75 |
| 6/27/00 | Buy | Santa Fe International | 34 1/2 | 500 | 17,250.00 |
| 6/27/00 | Buy | Genuity | 11 | 1,000 | 11,000.00 |
| 6/30/00 | IntInc | | | | 142.61 |
| 7/3/00 | Sell | Telefonos De Mexico | 62 1/8 | 300 | 18,313.52 |
| 7/5/00 | Buy | Abbot Labs | 44 7/8 | 500 | 22,835.73 |
| 7/16/00 | Sell | Sycamore Networks | 149 5/16 | 350 | 51,827.28 |
| 7/19/00 | Buy | Dupont Photmask | 77 | 350 | 26,950.00 |
| 7/21/00 | Buy | Embraer | 18 1/2 | 1,200 | 22,200.00 |
| 7/21/00 | Sell | Embraer | 21 5/16 | 1,200 | 25,079.83 |
| 7/21/00 | Buy | Genuity | 10 1/16 | 1,500 | 15,487.04 |
| 7/21/00 | Div | Starwood Hotel & Resorts | | | 26.74 |
| 7/31/00 | IntInc | | | | 95.04 |
| 8/2/00 | Buy | Globespan | 100 | 150 | 15,000.00 |
| 8/3/00 | Sell | Sun Microsystems | 98 13/16 | 150 | 14,605.03 |
| 8/3/00 | Sell | Deutsche Telekom | 40 5/16 | 400 | 15,814.84 |
| 8/4/00 | Buy | Giganet | 17 | 100 | 1,700.00 |
| 8/4/00 | Sell | Giganet | 23 7/8 | 100 | 2,311.02 |
| 8/8/00 | Buy | LSI Logic | 32 3/4 | 500 | 16,698.49 |
| 8/8/00 | Sell | Globespan | 113 7/8 | 150 | 16,864.33 |
| 8/15/00 | Div | Abbot Labs | | | 95 |
| 8/23/00 | Buy | Vodafone | 38 5/16 | 500 | 19,519.35 |
| 8/31/00 | IntInc | | | | 149.5 |
| 9/7/00 | Sell | Santa Fe International | 41 13/16 | 500 | 20,521.91 |
| 9/7/00 | Buy | Extreme Networks | 93 5/16 | 300 | 28,317.10 |
| 9/13/00 | Div | Valero Engery | | | 60 |
| 9/15/00 | Sell | Valero Engery | 32 1/2 | 750 | 23,911.03 |
| 9/15/00 | Buy | Altera | 53 1/8 | 441 | 23,865.67 |
| 9/18/00 | Sell | Microsoft | 62 5/16 | 250 | 15,278.60 |
| 9/18/00 | Buy | United Microelectronics | 14.35 | 1,500 | 21,525.00 |
| 9/18/00 | Sell | Extreme Networks | 105 1/4 | 300 | 31,250.59 |
| 9/19/00 | Buy | Cal Drive | 52 5/8 | 500 | 26,312.50 |
| 9/29/00 | Buy | Head | 10 | 400 | 4,000.00 |
| 9/29/00 | IntInc | | | | 72 |

Member: Shelley Berkley NV 01
Detailed Transactions for Dean Witter IRA owner Larry Lehrner

| | | | | | |
|---|---|---|---|---|---|
| 10/2/00 | Sell | Cal Drive | 58 1/2 | 500 | 28,785.87 |
| 10/12/00 | Buy | NVIDIA | 73 | 350 | 25,550.00 |
| 10/13/00 | Sell | United Microelectronics | 11 11/16 | 1,500 | 17,102.67 |
| 10/19/00 | Buy | China Pete & Chem | 20.645 | 1,000 | 20,645.00 |
| 10/23/00 | Div | Starwood Hotel & Resorts | | | 26.74 |
| 10/31/00 | IntInc | | | | 53.18 |
| 11/15/00 | Div | Abbot Labs | | | 95 |
| 11/30/00 | IntInc | | | | 39.51 |
| 12/14/00 | Sell | China Pete & Chem | 17 9/16 | 1,000 | 17,169.88 |
| 12/27/00 | Buy | Medtronic | 55 | 213 | 11,963.25 |
| 12/27/00 | Buy | Wal-Mart | 51 11/16 | 227 | 11,989.45 |
| 12/29/00 | IntInc | | | | 66.86 |

Member: Shelley Berkley NV 01

# Charles Schwab Statement

SCHWAB ONE TRUST ACCOUNT

| ACCOUNT NUMBER | PERIOD COVERED | LAST STATEMENT | PAGE |
|---|---|---|---|
| [redacted] | DEC 1 - DEC 31 2000 | NOV 2000 | 1 |

| TITLE OF ACCOUNT | OFFICE SERVING YOUR ACCOUNT |
|---|---|
| LAWRENCE M LEHRNER TTEE<br>LEHRNER FAMILY LIVING<br>TRUST<br>U/A DTD 02/22/96<br>187 REED LN<br>HENDERSON NV 89014-0637 | 3773 HOWARD HUGHES PKWY #100N<br>LAS VEGAS, NV<br>**MAIL TO: PO BOX 52114<br>PHOENIX, AZ 85072 |

FOR QUESTIONS, CALL SCHWAB SIGNATURE SERVICES 1-800-435-8804 *** ACCOUNT OPENED IN: 1994

| STATUS OF KEY VALUES AS OF DEC 31 2000 | |
|---|---|
| Investments Owned | $204,087.55 |
| Money Funds Balance | $4,732.04 |
| Net Portfolio Value | $208,819.59 |
| Ending Cash Balance | $.00 |
| TOTAL ACCOUNT VALUE | $208,819.59 |
| Change in Value from 11/00 | ($7,512.83) |
| Checkwriting or VISA Limit | $4,697.34 |

| ACCOUNT TRANSACTION SUMMARY | |
|---|---|
| OPENING CASH BALANCE | $.00 |
| Investment Sales | $10,028.60 |
| Money Fund Redempts | $13,525.00 |
| Investment Income | $9,092.38 |
| Total Credits | $32,645.98 |
| Investment Purchases | ($9,057.68) |
| Money Fund Purch/Reinvest | ($10,063.30) |
| Funds Withdrawn | ($13,500.00) |
| Fees | ($25.00) |
| Total Debits | ($32,645.98) |
| ENDING CASH BALANCE | $.00 |

INVESTMENT INCOME SUMMARY

| SOURCE OF INCOME | CURRENT PERIOD | YEAR TO DATE |
|---|---|---|
| FEDERALLY TAXABLE | | |
| Cash Dividends | $2,461.72 | $2,739.32 |
| Capital Gains | $6,194.27 | $6,194.27 |
| Subtotal | $8,655.99 | $8,933.59 |
| FEDERALLY TAX EXEMPT | | |
| Cash Dividends | $401.69 | $5,175.71 |
| Money Funds Dividends | $34.70 | $215.52 |
| Subtotal | $436.39 | $5,391.23 |
| TOTAL INVESTMENT INCOME | $9,092.38 | $14,324.82 |

| RATE SUMMARY AS OF 12/31 | |
|---|---|
| TEF Yield* | 3.97% |
| STF Yield* | 5.59% |
| Schwab 1 Yield | 5.56% |
| Margin Loan Rate | 9.25% to 10.75% |

* 7 Day Annualized Yield. Please see reverse for more information.

PORTFOLIO POSITION DETAIL

| CATEGORY | S T | LONG/ SHORT | QUOTE SYMBOL | QUANTITY | INVESTMENT DESCRIPTION | LATEST PRICE | MARKET VALUE |
|---|---|---|---|---|---|---|---|
| STOCKS | | C Long | DVA | 500 | DAVITA INC | 17.1250 | $8,562.50 |
| | | C Long | HIG | 85.9174 | HARTFORD FINL SVCS GRP<br>Dividends Reinvested | 70.6250 | $6,067.92 |
| | | C Long | ITT | 19.0485 | I T T INDUSTRIES INC INDIANA<br>Dividends Reinvested | 38.7500 | $738.13 |
| | | C Long | IBM | 40.6811 | INTL BUSINESS MACHINES<br>Dividends Reinvested | 85.0000 | $3,457.89 |
| | | C Long | PFE | 606.6129 | PFIZER INCORPORATED<br>Dividends Reinvested | 46.0000 | $27,904.19 |
| MUTUAL FUNDS | | C Long | PEOPX | 461.101 | DREYFUS S&P 500 INDEX | 38.4900 | $17,747.78 |
| | | C Long | JAWWX | 688.985 | JANUS WORLDWIDE FUND | 56.8600 | $39,175.69 |
| | | C Long | NTCHX | 428.434 | NORTHERN TECHNOLOGY FUND | 19.0300 | $8,153.10 |

* * * CONTINUED ON NEXT PAGE * * *

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*007339*

SEE REVERSE SIDE FOR STATEMENT INFORMATION

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Member New York Stock Exchange Inc. and other principal stock and option exchanges.

Member: Shelley Berkley NV 01

# Charles Schwab

SCHWAB ONE TRUST ACCOUNT

# Statement

| ACCOUNT NUMBER | PERIOD COVERED | LAST STATEMENT | PAGE |
|---|---|---|---|
| [redacted] | DEC 1 - DEC 31 2000 | NOV 2000 | 2 |

PORTFOLIO POSITION DETAIL

| CATEGORY | S T | LONG/ SHORT | QUOTE SYMBOL | QUANTITY | INVESTMENT DESCRIPTION | LATEST PRICE | MARKET VALUE |
|---|---|---|---|---|---|---|---|
| | | C Long | SHYTX | 6626.834 | SCUDDER HI YIELD TX FREE | 12.3800 | $82,040.20 |
| | | C Long | TVFQX | 137.766 | FIRSTHAND TECHNOLOGY VAL UE FUND | 74.3300 | $10,240.15 |
| MONEY FUNDS | | C Long | | 4732.04 | SCH MUNI MONEY FUND | 1.0000 | $4,732.04 |
| Net Portfolio Value | | | | | $208,819.59 | | |

ACCOUNT TRANSACTION DETAIL

| DATE | TRANSACTION | QUANTITY | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|---|---|
| ***** | | | Opening Cash Balance | | $.00 |
| 12/07 | Div For Reinvest | | PFIZER INCORPORATED | | $54.48 |
| 12/07 | Sold 12/06 | 820- | SCUDDER HI YIELD TX FREE | 12.2300 | $10,028.60 |
| 12/08 | Reinvested Shares | 1.2682 | PFIZER INCORPORATED | 42.9599 | ($54.48) |
| 12/08 | Bought 12/08 | | SCH MUNI MONEY FUND SWEEP SHARES | 1.0000 | ($10,028.60) |
| 12/11 | Div For Reinvest | | INTL BUSINESS MACHINES | | $5.28 |
| 12/12 | MoneyLink Txn | | AUTHORIZED TRANSFER To # 0210000570 | | ($5,000.00) |
| 12/12 | Service Fee | | WIRED FUNDS FEE | | ($25.00) |
| 12/12 | Funds Paid | | WIRED FUNDS DISBURSED | | ($8,500.00) |
| 12/12 | Reinvested Shares | .0556 | INTL BUSINESS MACHINES | 94.9453 | ($5.28) |
| 12/12 | Redeemed 12/11 | | SCH MUNI MONEY FUND SWEEP SHARES | 1.0000 | $8,525.00 |
| 12/13 | Redeemed 12/13 | | SCH MUNI MONEY FUND SWEEP SHARES | 1.0000 | $5,000.00 |
| 12/15 | Reinvested Shares | 3.708 | DREYFUS S&P 500 INDEX | 38.2400 | ($141.79) |
| 12/15 | Div For Reinvest | | DREYFUS S&P 500 INDEX | | $141.79 |
| 12/15 | Reinvested Shares | 64.501 | JANUS WORLDWIDE FUND | 58.9400 | ($3,801.67) |
| 12/15 | Reinvested Shares | 7.890 | JANUS WORLDWIDE FUND | 58.9400 | ($465.01) |
| 12/15 | Cap Gains Rein | | JANUS WORLDWIDE FUND | | $3,801.67 |
| 12/15 | Div For Reinvest | | JANUS WORLDWIDE FUND | | $465.01 |
| 12/15 | Reinvested Shares | 8.634 | FIRSTHAND TECHNOLOGY VAL UE FUND | 81.5600 | ($704.20) |
| 12/15 | Reinvested Shares | 3.477 | FIRSTHAND TECHNOLOGY VAL UE FUND | 81.5600 | ($283.55) |
| 12/15 | Cap Gains Rein | | FIRSTHAND TECHNOLOGY VAL | | $704.20 |
| 12/15 | Sttm Cap Gn Rein | | FIRSTHAND TECHNOLOGY VAL | | $283.55 |
| 12/20 | Reinvested Shares | 91.068 | NORTHERN TECHNOLOGY FUND | 18.5400 | ($1,688.40) |
| 12/20 | Reinvested Shares | 81.532 | NORTHERN TECHNOLOGY FUND | 18.5400 | ($1,511.61) |
| 12/20 | Sttm Cap Gn Rein | | NORTHERN TECHNOLOGY | | $1,511.61 |
| 12/20 | Cap Gains Rein | | NORTHERN TECHNOLOGY | | $1,688.40 |
| 12/29 | Reinvested Shares | 32.447 | SCUDDER HI YIELD TX FREE | 12.3800 | ($401.69) |
| 12/29 | Div For Reinvest | | SCUDDER HI YIELD TX FREE | | $401.69 |
| ***** | | | Ending Cash Balance | | $.00 |

MONEY FUNDS DETAIL

| DESCRIPTION | OPENING SHARES | SHARES PURCHASED | SHARES REDEEMED | NET DIVIDEND REINVESTED | CLOSING SHARES |
|---|---|---|---|---|---|
| SCH MUNI MONEY FUND Div: 12/31 Yield 3.68% | 8,193.74 | 10,028.60 | 13,525.00 | 34.70 | 4,732.04 |

*000007390302*

*007339*

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

Exchange Network Member
Member of the Applicable Exchange

Member New York Stock Exchange, Inc. and other principal stock and futures exchanges

Member: Shelley Berkley NV 01

**Charles Schwab** — **Form 1099** with Account Summaries

**TAX YEAR 2000**

Page 1
**Date Prepared: January 20, 2001**

**Payer's Name and Address**

CHARLES SCHWAB & CO., INC.
101 MONTGOMERY ST.
SAN FRANCISCO, CA 94104

**Federal ID Number:** [redacted]

**Recipient's Name and Address**

0020752 0182866

LAWRENCE M LEHRNER TTEE
LEHRNER FAMILY LIVING
TRUST
U/A DTD 02/22/96
187 REED LN
HENDERSON NV 89014

**Please Note!**

**This 1099 is subject to revision. Certain companies have not confirmed how their distributions will be reported. Please refer to insert for additional information.**

**Taxpayer ID Number:** [redacted]
**Account Number:** [redacted]

SUMMARY INFORMATION

**Dividends and Distributions 2000** — **Form 1099-DIV**

Department of the Treasury–Internal Revenue Service — Copy B for Recipient (OMB No. 1545-0110)

| *Box* | *Description* | *Amount* | *Total* |
|---|---|---|---|
| 1 | Ordinary Dividends | | $ 2,754.63 |
| 2a | Total Capital Gain Distributions | | 6,194.27 |
| | (Includes Amounts Shown in boxes 2b, 2c and 2d) | | |
| | 2b 28% Rate Gain | $ 0.00 | |
| | 2c Unrecap. Sec. 1250 Gain | 0.00 | |
| | 2d Section 1202 Gain | 0.00 | |
| 3 | Nontaxable Distributions | | 0.00 |
| 4 | **Federal Income Tax Withheld** | | **0.00** |
| 5 | Investment Expenses | | 0.00 |
| 6 | Foreign Tax Paid | | 15.31 |
| 7 | Foreign Country or U.S. Possession | | N/A |
| 8 | Cash Liquidation Distributions | | 0.00 |
| 9 | Noncash Liquidation Distributions | | 0.00 |

**Interest Income 2000** — **Form 1099-INT**

Department of the Treasury–Internal Revenue Service — Copy B for Recipient (OMB No. 1545-0112)

| *Box* | *Description* | *Total* |
|---|---|---|
| 1 | Interest Income Not Included in Box 3 | $ 0.00 |
| 2 | Early Withdrawal Penalty | 0.00 |
| 3 | Interest on U.S. Savings Bonds and Treasury Obligations | 0.00 |
| 4 | **Federal Income Tax Withheld** | **0.00** |
| 5 | Investment Expenses | 0.00 |
| 6 | Foreign Tax Paid | 0.00 |
| 7 | Foreign Country or U.S. Possession | N/A |

**This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the I.R.S. determines that it has not been reported. If you should have any questions regarding information being reported on this form please call us at 1-800-435-4000.**

Recycle Paper

*Keep this statement for your records.*

Member: Shelley Berkley NV 01

**Charles Schwab** — **Form 1099** with Account Summary

**TAX YEAR 2000**



**Date Prepared: January 20, 2001**

**Payer's Name and Address**

CHARLES SCHWAB & CO., INC.
101 MONTGOMERY ST.
SAN FRANCISCO, CA 94104

**Federal ID Number:** 94-1737782

**Recipient's Name and Address**

LAWRENCE M LEHRNER TTEE
LEHRNER FAMILY LIVING
TRUST
U/A DTD 02/22/96
187 REED LN
HENDERSON NV 89014

**Taxpayer ID Number:** [redacted]
**Account Number:** [redacted]

**SUMMARY INFORMATION (continued)**

**Proceeds From Broker and Barter Exchange Transactions** — **Form 1099-B**

Department of the Treasury-Internal Revenue Service — Copy B for Recipient (OMB No 1545-0715)

| 1A-Sale Date | ** | 1B-Cusip Number | Quantity | 5-Description | 2-Sale Proceeds (Less Commission) | 4-Federal Income Tax Withheld |
|---|---|---|---|---|---|---|
| 02/17/00 | S | 46128W109 | 1,914.9580 | INVESCO EQUITY INCOME FD | $ 27,920.09 | $ 0.00 |
| 02/17/00 | S | 641224209 | 1,376.8790 | NB GUARDIAN FUND | 23,723.63 | 0.00 |
| 03/01/00 | S | 641224506 | 130.0000 | NB FOCUS FUND | 5,044.00 | 0.00 |
| 03/01/00 | S | 641224506 | 130.0000 | NB FOCUS FUND | 5,044.00 | 0.00 |
| 03/03/00 | S | 85590A203 | 0.7885 | STARWOOD HTLS & RESORTS | 16.68 | 0.00 |
| 03/03/00 | S | 85590A203 | 64.0000 | STARWOOD HTLS & RESORTS | 1,354.36 | 0.00 |
| 03/31/00 | S | 641224506 | 58.0000 | NB FOCUS FUND | 2,550.84 | 0.00 |
| 03/31/00 | S | 641224506 | 58.0000 | NB FOCUS FUND | 2,550.84 | 0.00 |
| 04/26/00 | S | 811170208 | 1,100.0000 | SCUDDER HI YIELD TX FREE | 13,266.00 | 0.00 |
| 05/01/00 | S | 641224506 | 35.0000 | NB FOCUS FUND | 1,516.20 | 0.00 |
| 05/01/00 | S | 641224506 | 35.0000 | NB FOCUS FUND | 1,516.20 | 0.00 |
| 06/05/00 | S | 641224506 | 12.0000 | NB FOCUS FUND | 539.76 | 0.00 |
| 06/05/00 | S | 641224506 | 12.0000 | NB FOCUS FUND | 539.76 | 0.00 |
| 07/05/00 | S | 641224506 | 12.5000 | NB FOCUS FUND | 528.88 | 0.00 |
| 07/05/00 | S | 641224506 | 12.5000 | NB FOCUS FUND | 528.88 | 0.00 |
| 07/11/00 | C | 717081103 | 0.0000 | PFIZER INCORPORATED | 37.65 | 0.00 |
| 08/01/00 | S | 641224506 | 12.0000 | NB FOCUS FUND | 538.20 | 0.00 |
| 08/01/00 | S | 641224506 | 12.0000 | NB FOCUS FUND | 538.20 | 0.00 |
| 09/05/00 | S | 641224506 | 10.7500 | NB FOCUS FUND | 538.47 | 0.00 |
| 09/05/00 | S | 641224506 | 10.7500 | NB FOCUS FUND | 538.47 | 0.00 |
| 10/03/00 | S | 641224506 | 12.0000 | NB FOCUS FUND | 564.24 | 0.00 |
| 10/03/00 | S | 641224506 | 12.0000 | NB FOCUS FUND | 564.24 | 0.00 |
| 10/30/00 | S | 641224506 | 30.0000 | NB FOCUS FUND | 1,370.40 | 0.00 |
| 10/30/00 | S | 641224506 | 30.0000 | NB FOCUS FUND | 1,370.40 | 0.00 |
| 11/27/00 | S | 641224506 | 32.3100 | NB FOCUS FUND | 1,289.49 | 0.00 |

**** ACTIVITY CODES** C = Cash in lieu F = Exchange P = Principal S = Sale T = Tender CV = Conversion M = Cash Merger R = Redemption SS = Short Sale

**This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.**

[redacted]

Member: Shelley Berkley NV 01

**CharlesSchwab** — **Form 1099** — 401k Account Summary

**TAX YEAR 2000**

Page 3

**Date Prepared: January 20, 2001**

**Payer's Name and Address**

CHARLES SCHWAB & CO., INC.
101 MONTGOMERY ST.
SAN FRANCISCO, CA 94104

**Federal ID Number:** 94-1737782

**Recipient's Name and Address**

LAWRENCE M LEHRNER TTEE
LEHRNER FAMILY LIVING
TRUST
U/A DTD 02/22/96
187 REED LN
HENDERSON NV 89014

**Taxpayer ID Number:** [redacted]
**Account Number:** [redacted]

**SUMMARY INFORMATION (continued)**

**Proceeds From Broker and Barter Exchange Transactions** — **Form 1099-B**

Department of the Treasury-Internal Revenue Service — Copy B for Recipient (OMB No. 1545-0715)

| *1A-Sale Date* | ** | *1B-Cusip Number* | *Quantity* | *5-Description* | *2-Sale Proceeds (Less Commission)* | *4-Federal Income Tax Withheld* |
|---|---|---|---|---|---|---|
| 11/27/00 | S | 641224506 | 32.3100 | NB FOCUS FUND | $ 1,289.49 | $ 0.00 |
| 12/06/00 | S | 811170208 | 820.0000 | SCUDDER HI YIELD TX FREE | 10,028.60 | 0.00 |
| | | **Total Proceeds From Broker Transactions (Less Commissions)** | | | **$ 105,307.97** | |
| | | **Total Federal Income Tax Withheld** | | | | $ 0.00 |

| ** ACTIVITY CODES | | | | |
|---|---|---|---|---|
| C = Cash in lieu | E = Exchange | P = Principal | S = Sale | T = Tender |
| CV = Conversion | M = Cash Merger | R = Redemption | SS = Short Sale | |

Recycle Paper

*Keep this statement for your records*

0020752 0162868

Member: Shelley Berkley NV 01

**Charles Schwab** — **Form 1099** with Account Summary

**TAX YEAR 2000**



**Date Prepared: January 28, 2001**

**Taxpayer ID Number:** [redacted]
**Account Number:** [redacted]

**ACCOUNT SUMMARY**

*The information in this and all subsequent sections is not being provided to the IRS by Charles Schwab. It is being provided to you as additional tax reporting information that you may need to complete your tax return.*

**DETAIL INFORMATION**

[redacted]

| Cusip Number | Description | Paid in 2000 | Paid/Adjusted in 2001 for 2000 | Amount |
|---|---|---|---|---|
| **Dividends** | | | | **1099 DIV-Box 1** |
| 26200Q105 | DREYFUS S&P 500 INDEX | $ 141.79 | $ 0.00 | $ 141.79 |
| 416515104 | HARTFORD FINL SVCS GRP | 81.65 | 0.00 | 81.65 |
| 450911102 | I T T INDUSTRIES INC | 11.30 | 0.00 | 11.30 |
| 459200101 | INTL BUSINESS MACHINES | 20.69 | 0.00 | 20.69 |
| 471023309 | JANUS WORLDWIDE FUND | 465.01 | (196.69) | 268.32 |
| 717081103 | PFIZER INCORPORATED | 108.84 | 0.00 | 108.84 |
| 85590A203 | STARWOOD HTLS & RESORTS | 9.66 | 0.00 | 9.66 |
| 934488107 | WARNER LAMBERT COMPANY | 105.22 | 0.00 | 105.22 |
| **Total Dividends** | | **$ 944.16** | **$ (196.69)** | **$ 747.47** |
| **Short Term Capital Gains** | | | | |
| 337941108 | FIRSTHAND TECHNOLOGY VAL | $ 283.55 | $ 0.00 | $ 283.55 |
| 471023309 | JANUS WORLDWIDE FUND | 0.00 | 212.00 | 212.00 |
| 665162798 | NORTHERN TECHNOLOGY | 1,511.61 | 0.00 | 1,511.61 |
| **Total Short Term Capital Gains** | | **$ 1,795.16** | **$ 212.00** | **$ 2,007.16** |
| **Total Ordinary Dividends (Dividends and Short Term Capital Gains)** | | **$ 2,739.32** | **$ 15.31** | **$ 2,754.63** |

| Cusip Number | Description | Paid in 2000 | Paid/Adjusted in 2001 for 2000 | Amount |
|---|---|---|---|---|
| **Capital Gain Distributions** | | | | |
| **20% Rate Gain** | | | | |
| 337941108 | FIRSTHAND TECHNOLOGY VAL | $ 704.20 | $ 0.00 | $ 704.20 |
| 471023309 | JANUS WORLDWIDE FUND | 3,801.67 | 0.00 | 3,801.67 |
| 665162798 | NORTHERN TECHNOLOGY | 1,688.40 | 0.00 | 1,688.40 |
| **Total Rate Gain(Included in Box 2A)** | | **$ 6,194.27** | **$ 0.00** | **$ 6,194.27** |
| **Total Capital Gain Distributions** | | **$ 6,194.27** | **$ 0.00** | **$ 6,194.27** |

| Cusip Number | Description | Paid in 2000 | Paid/Adjusted in 2001 for 2000 | Amount |
|---|---|---|---|---|
| **Foreign Tax Paid** | | | | **1099 DIV-Box 6** |
| 471023309 | JANUS WORLDWIDE FUND | $ 0.00 | $ (15.31) | $ (15.31) |
| **Total Foreign Tax Paid** | | **$ 0.00** | **$ (15.31)** | **$ (15.31)** |

Printed on Recycled Paper

*Keep this statement for your records.*

0020752 0162000

U2 6 01

Member: Shelley Berkley NV 01

**Charles Schwab** — **Form 1099** with Account Summary

**TAX YEAR 2000**



**Date Prepared: January 20, 2001**

**Taxpayer ID Number:** [redacted]
**Account Number:** [redacted]

**ACCOUNT SUMMARY (CONTINUED)**

**SUPPLEMENTAL INFORMATION**

**Tax-Exempt Dividends**

| Cusip Number | Description | Paid in 2000 | Paid/Adjusted in 2001 for 2000 | Amount |
|---|---|---|---|---|
| 808515308 | SCH MUNI MONEY FUND | $ 215.52 | $ 0.00 | $ 215.52 |
| 811170208 | SCUDDER HI YIELD TX FREE | 5,175.71 | 0.00 | 5,175.71 |
| **Total Tax-Exempt Dividends** | | **$ 5,391.23** | **$ 0.00** | **$ 5,391.23** |

**Investment Activity for 2000 (Stocks)**

| Activity | Quantity | Security Description | Trade Date | Settle Date | Price | Net Amount |
|---|---|---|---|---|---|---|
| REINVEST | 0.4559 | HARTFORD FINL SVCS GRP | 01/04/00 | | 44.4375 | $ (20.26) |
| REINVEST | 0.3917 | HARTFORD FINL SVCS GRP | 04/04/00 | | 52.0000 | (20.37) |
| REINVEST | 0.3619 | HARTFORD FINL SVCS GRP | 07/05/00 | | 56.5625 | (20.47) |
| REINVEST | 0.2740 | HARTFORD FINL SVCS GRP | 10/03/00 | | 75.0000 | (20.55) |
| REINVEST | 0.0850 | I T T INDUSTRIES INC | 01/04/00 | | 33.0625 | (2.81) |
| REINVEST | 0.0890 | I T T INDUSTRIES INC | 04/04/00 | | 31.6875 | (2.82) |
| REINVEST | 0.0848 | I T T INDUSTRIES INC | 07/05/00 | | 33.3750 | (2.83) |
| REINVEST | 0.0869 | I T T INDUSTRIES INC | 10/03/00 | | 32.6875 | (2.84) |
| REINVEST | 0.0455 | INTL BUSINESS MACHINES | 03/13/00 | | 106.7925 | (4.86) |
| REINVEST | 0.0448 | INTL BUSINESS MACHINES | 06/13/00 | | 117.6804 | (5.27) |
| REINVEST | 0.0422 | INTL BUSINESS MACHINES | 09/12/00 | | 125.0414 | (5.28) |
| REINVEST | 0.0556 | INTL BUSINESS MACHINES | 12/12/00 | | 94.9453 | (5.28) |
| REINVEST | 1.3447 | PFIZER INCORPORATED | 09/08/00 | | 40.4256 | (54.36) |
| REINVEST | 1.2682 | PFIZER INCORPORATED | 12/08/00 | | 42.9599 | (54.48) |
| REINVEST | 0.3761 | STARWOOD HTLS & RESORTS | 01/24/00 | | 25.6875 | (9.66) |
| BUY | 500.0000 | TOTAL RENAL CARE HLDGS | 03/09/00 | 03/14/00 | 3.2500 | (1,654.95) |
| REINVEST | 0.5688 | WARNER LAMBERT COMPANY | 03/13/00 | | 92.3750 | (52.54) |
| REINVEST | 0.4447 | WARNER LAMBERT COMPANY | 05/15/00 | | 118.4641 | (52.68) |
| **Total Purchases/Adjustments - Stocks** | | | | | **$** | **(1,992.31)** |
| **Total Proceeds/Adjustments - Stocks** | | | | | **$** | **0.00** |

**Investment Activity for 2000 (Mutual Funds)**

| Activity | Quantity | Security Description | Trade Date | Settle Date | Price | Net Amount |
|---|---|---|---|---|---|---|
| REINVEST | 3.7080 | DREYFUS S&P 500 INDEX | 12/15/00 | | 38.2400 | $ (141.79) |
| BUY | 37.2310 | FIRSTHAND TECHNOLOGY | 03/02/00 | 03/03/00 | 135.4800 | (5,044.00) |
| BUY | 22.4490 | FIRSTHAND TECHNOLOGY | 04/03/00 | 04/04/00 | 113.6300 | (2,550.84) |
| BUY | 13.8730 | FIRSTHAND TECHNOLOGY | 05/02/00 | 05/03/00 | 109.2900 | (1,516.20) |
| BUY | 4.7990 | FIRSTHAND TECHNOLOGY | 06/06/00 | 06/07/00 | 112.4700 | (539.76) |
| BUY | 4.6820 | FIRSTHAND TECHNOLOGY | 07/06/00 | 07/07/00 | 112.9600 | (528.88) |
| BUY | 5.2780 | FIRSTHAND TECHNOLOGY | 08/02/00 | 08/03/00 | 101.9800 | (538.20) |
| BUY | 4.2860 | FIRSTHAND TECHNOLOGY VAL | 09/06/00 | 09/07/00 | 125.6400 | (538.47) |

Member: Shelley Berkley NV 01

**Charles Schwab** — **Form 1099** with Account Summary

**TAX YEAR 2000**



Date Prepared: January 28, 2001

Taxpayer ID Number: [redacted]
Account Number: [redacted]

**ACCOUNT SUMMARY (CONTINUED)**

**SUPPLEMENTAL INFORMATION (continued)**

**Investment Activity for 2000 (Mutual Funds) (continued)**

| Activity | Quantity | Security Description | Trade Date | Settle Date | Price | Net Amount |
|---|---|---|---|---|---|---|
| BUY | 4.7580 | FIRSTHAND TECHNOLOGY VAL | 10/04/00 | 10/05/00 | 118.6000 | (564.24) |
| BUY | 12.5850 | FIRSTHAND TECHNOLOGY VAL | 10/31/00 | 11/01/00 | 108.8900 | (1,370.40) |
| BUY | 15.7140 | FIRSTHAND TECHNOLOGY VAL | 11/28/00 | 11/29/00 | 82.0600 | (1,289.49) |
| REINVEST | 3.4770 | FIRSTHAND TECHNOLOGY VAL | 12/15/00 | | 81.5600 | (283.55) |
| REINVEST | 8.6340 | FIRSTHAND TECHNOLOGY VAL | 12/15/00 | | 81.5600 | (704.20) |
| REINVEST | 7.8900 | JANUS WORLDWIDE FUND | 12/15/00 | | 58.9400 | (465.01) |
| REINVEST | 64.5010 | JANUS WORLDWIDE FUND | 12/15/00 | | 58.9400 | (3,801.67) |
| BUY | 69.5720 | NORTHERN TECHNOLOGY | 03/02/00 | 03/03/00 | 72.5000 | (5,044.00) |
| BUY | 43.3600 | NORTHERN TECHNOLOGY | 04/03/00 | 04/04/00 | 58.8300 | (2,550.84) |
| BUY | 27.9330 | NORTHERN TECHNOLOGY | 05/02/00 | 05/03/00 | 54.2800 | (1,516.20) |
| BUY | 9.9830 | NORTHERN TECHNOLOGY | 06/06/00 | 06/07/00 | 54.0700 | (539.76) |
| BUY | 9.5670 | NORTHERN TECHNOLOGY | 07/06/00 | 07/07/00 | 55.2800 | (528.88) |
| BUY | 10.4420 | NORTHERN TECHNOLOGY | 08/02/00 | 08/03/00 | 51.5400 | (538.20) |
| BUY | 9.1530 | NORTHERN TECHNOLOGY | 09/06/00 | 09/07/00 | 58.8300 | (538.47) |
| BUY | 10.3170 | NORTHERN TECHNOLOGY | 10/04/00 | 10/05/00 | 54.6900 | (564.24) |
| BUY | 28.6220 | NORTHERN TECHNOLOGY | 10/31/00 | 11/01/00 | 47.8800 | (1,370.40) |
| BUY | 36.8850 | NORTHERN TECHNOLOGY | 11/28/00 | 11/29/00 | 34.9600 | (1,289.49) |
| REINVEST | 81.5320 | NORTHERN TECHNOLOGY | 12/20/00 | | 18.5400 | (1,511.61) |
| REINVEST | 91.0680 | NORTHERN TECHNOLOGY | 12/20/00 | | 18.5400 | (1,688.40) |
| REINVEST | 38.4420 | SCUDDER HI YIELD TX FREE | 01/31/00 | | 11.8700 | (456.31) |
| REINVEST | 36.4030 | SCUDDER HI YIELD TX FREE | 02/29/00 | | 11.9500 | (435.02) |
| REINVEST | 39.5050 | SCUDDER HI YIELD TX FREE | 03/31/00 | | 12.1200 | (478.80) |
| REINVEST | 37.3940 | SCUDDER HI YIELD TX FREE | 04/28/00 | | 12.0300 | (449.85) |
| REINVEST | 35.2840 | SCUDDER HI YIELD TX FREE | 05/31/00 | | 11.8700 | (418.82) |
| REINVEST | 33.9020 | SCUDDER HI YIELD TX FREE | 06/30/00 | | 12.0700 | (409.20) |
| REINVEST | 34.8560 | SCUDDER HI YIELD TX FREE | 07/31/00 | | 12.1800 | (424.55) |
| REINVEST | 34.3280 | SCUDDER HI YIELD TX FREE | 08/31/00 | | 12.2800 | (421.55) |
| REINVEST | 34.5320 | SCUDDER HI YIELD TX FREE | 09/29/00 | | 12.1900 | (420.94) |
| REINVEST | 35.5780 | SCUDDER HI YIELD TX FREE | 10/31/00 | | 12.1900 | (433.70) |
| REINVEST | 34.9160 | SCUDDER HI YIELD TX FREE | 11/30/00 | | 12.1800 | (425.28) |
| REINVEST | 32.4470 | SCUDDER HI YIELD TX FREE | 12/29/00 | | 12.3800 | (401.69) |
| **Total Purchases/Adjustments - Mutual Funds** | | | | | **$** | **(42,732.90)** |
| **Total Proceeds/Adjustments - Mutual Funds** | | | | | **$** | **0.00** |

**Investment Activity for 2000 (Totals)**

| | | |
|---|---|---|
| **Total Purchases/Adjustments(Not Reported to IRS):** | **$** | **(44,725.21)** |
| **Total Proceeds/Adjustments(Not Reported to IRS):** | **$** | **0.00** |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

(10)

HAND DELIVERED
TRANSMITTAL FORCE CENTER
2001 MAY 15 AM 11:38
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Robert Marion Berry
(Full Name)

1113 Longworth, House Office Building,
(Mailing Address)

(202) 225-4076
Daytime Telephone

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | X Member of the U.S. House of Representatives | State: ~~Arkansas~~ District: ~~First~~ | ☐ Officer or Employee | Employing Office: |
| **Report Type** | X Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes X | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes X | No ☐ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No X | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes X | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes X | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes X | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No X | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes X | No ☐ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes X | No ☐ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No X |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Robert Marion Berry | 5-15-01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| CARMAR Lowe, Inc. (Spouse) | Spouse Directors fee | 1,200 |
| Marion Berry, Inc. (Spouse) | Spouse, salary | 24,000 |
| Mitchell Berry, Inc. (Spouse) | Spouse, salary | 2,500 |

For payments to charity in lieu of honoraria, use Schedule II.

| Name Robert Marion Berry | Page 2 of 9 |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | | | | |
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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert Marion Berry



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the Instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A: Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples* Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | X | | | |
| Sp | Marion Berry, Inc. note 1 | | | | | | X | | | | | | | | | | | | | salary | | | | | | X | | | | | | |
| | Pecan Post, Inc. note 2 | | | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | | |
| | Berry Land Co. note 3 | | | | | | X | | | | | | | | | | | | | ptrshp income | | | | | | X | | | | | | |
| Sp | CARMAR Lowe, Inc. note 4 | | | | | | X | | | | | | | | | | | | | directors fee | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Marion Berry



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000; XI | P, S, E |
| | Riceland Foods, Inc.note 5 | D | | I | |
| | Planters & Merchants Bank of Gillett, AR note6 | C | DIVIDENDS | III | |
| | Southern Farm Bureau Life Ins. Co. | C | DIVIDENDS | II | |
| | 140 Main St.Gillett,AR | B | | I | |
| | Marion Berry, Inc. | | | | |
| | Profit Sharing Plan Note 7 | F | CAPITAL GAINS | VI | |
| | Planters & Merchants Bank of Gillett, AR | C | CAPITAL GAINS | III | |
| | Mony Group, Inc. | D | DIVIDENDS | II | |
| Jt | Rental (408 3rd St., SE, Washington, DC | G | RENT | VI | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Marion Berry



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | P, S, E |
| | Note 1 closely held farming corporation, Gillett, Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Note 2 Farm land ownership for rental, DeWitt, Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Note 3 Family farm partnership, DeWitt, Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Note 4 Family farm land for rental, Gillett, Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Note 5 Farm cooperative patronage and equity, Stuttgart, Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Note 6 Bank stock, Gillett, Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Note 7 to Marion Berry, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Profit Sharing Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A. Stephens Int. Eq. Prem. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | B. Stephens Spec. Eq. Prem | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | C. Stephens Eq. Growth | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | D. Stephens Eq. Value | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | E. Stephens HIYD bond | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | F. Stephens Itm. bond | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | G. Stephens MM Fund | | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Robert Marion Berry

Page 6 of 9

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| Jt | Bank of America, NA | mortgage on 408 3rd | | | | | | | | | | |
| | | Street, SE, Washington | | | | | | | | | | |
| | | D.C. | | | | | X | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| Fidel Castro, Havanna, Cuba | one box Cohiba cigars | $210 |
| | | |
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Use additional sheets if more space is needed.

Name Robert Marion Berry | Page 8 of 9

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | The Aspen Institute | Jan.28-29 | Wash.,DC-Queenstown, MD-Wash., DC | Y | Y | Y | N |
| | Center for International Policy | May28-31 | Little Rock-Miami-Cuba-Miami-Little Rock | Y | Y | N | N |
| | Alabama Peanut Producers | July30-31 | Memphis-Panama City, Florida-Memphis | Y | Y | N | N |
| | Montana Wool Growers | Dec.1-3 | Memphis-Billings-Wash. | Y | Y | N | N |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | Berry Land Co. |
| Director/Secretary | CARMAR Lowe, Inc. (spouse) |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 10/93 | Marion Berry, Inc. | Retention of benefits under profit Sharing Plan |
| 10/93 | Marion Berry, Inc. | Return to employment upon leaving government office |
| 10/93 | CARMAR Lowe, Inc. | Spouse will continue as director/secretary of CARMAR Lowe, Inc. |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE
2001 MAY 15 PM 1:
U.S. HOUSE OF REPRESENTATIVES

(21)

(Office Use Only)

Judy Biggert
(Full Name)

425 East Sixth Street
(Mailing Address)

Hinsdale IL 60521

Daytime Telephone 630-323-0636

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: IL District: 13 | [ ] Officer or Employee — Employing Office: | **A *$200 penalty* shall be assessed against anyone who files more than 30 days late.** |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Judy Biggert | May 15, 2001 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Seyfarth Shaw | Spouse Salary | NA |
| | Illinois General Assembly - State of Illinois | Deferred Compensation | 15,000 |

For payments to charity in lieu of honoraria, use Schedule II.

Name Judy Biggert | Page 3 of 18

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| None | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Judy Biggert

Page 7 of 18

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC | Simon & Schuster | | | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Abbott Laboratories | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Abbott Laboratories | X | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | | S |
| | Valspar Corp | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Valspar Corp | X | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | S |
| | Walgreen Company | | | | | | | | | X | | | | X | | | | | | | | | | | | X | | | | | | |
| | Walgreen Company | X | | | | | | | | | | | | | | | | | | | | | | | | | | X | | | | S |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert

Page 2 of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Newell Rubbermaid Inc | X | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | | S |
| SP | ADC Telecommunications | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | AFLAC | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | AT+T Corp | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | AT+T Wireless Group | | | | X | | | | | | | | | | | | | | | | X | | | X | | | | | | | | P |
| SP | Allied Irish Bank | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| SP | America On Line | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Amgen Inc | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Amphenol | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Amylin Inc | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Amgen Disc | X | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | S |
| SP | Becton Dickinson Co. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | Berkshire Hathaway | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | BlackBox Corp | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Charter One Fin'l Inc | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Choice Point Inc | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Cisco Systems Inc | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | EMC Corp | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | EMC Corp | X | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | |
| SP | Freddie Mac | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | S |
| SP | Aflac | X | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | S |
| SP | General Electric Co. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Bigsert

Page 12 of 12

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Harte-Hanks Inc | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Illinois Tool Works | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | Intel Corp | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Internet Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Johnson & Johnson | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | Lucent Tech Inc | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | M&T Bank Corp | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | MBNA Corp | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | Medtronic Inc | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Microsoft | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Nokia Corp | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | Oracle Corp d | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| SP | Oracle Corp disc | X | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | S |
| SP | QXL Ricardo PLC | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| SP | Oracle Corp disc | X | | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | S |
| SP | QXL Ricardo PLC | X | | | | | | | | | | | | | | | | | | | | | | | | | | | X | | | S |
| SP | QXL Ricardo PLC | X | | | | | | | | | | | | | | | | | | | | | | | | | | | X | | | S |
| SP | QXL Ricardo PLC | X | | | | | | | | | | | | | | | | | | | | | | | | | | | X | | | S |
| SP | QXL Ricardo PLC | X | | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | S |
| SP | QXL Ricardo PLC | X | | | | | | | | | | | | | | | | | | | | | | | | | | X | | | | S |
| SP | QXL Ricardo PLC | X | | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | S |
| SP | QXL Ricardo PLC | X | | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert

Page 1 of 4

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | QXL Ricardo PLC | X | | | | | | | | | | | | | | | | | | | | | | | | | | | X | | | S |
| SP | QXL Ricardo PLC | X | | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | S |
| SP | QXL Ricardo PLC | X | | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | S |
| SP | Raymond James Fink | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Raymond James Fink | X | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | | S |
| SP | Safeguard Scientifics | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Solectron Corp. | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Southtrust Corp | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | State Street Corp | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Stillwell Financial | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Stryker Corp | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Sun Micro Systems Inc | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | US Bancorp | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | Utilities Inc | X | | | | unavailable | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| SP | Williams Cos Inc | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | Xilinx | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| SP | Yahoo Inc | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | Citigold | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Harris Bank | | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| SP | Walgreen Company | X | | | | | | | | | | | | | | | X | | | | | | | | | | | X | | | | S |
| SP | Walgreen Company | X | | | | | | | | | | | | | | | X | | | | | | | | | | X | | | | | S |
| SP | Fort James St NS 3/13/01 | X | | | | | | | | | | | | | | | X | | | | | | | | | | X | | | | | S |

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**SCHEDULE III — ASSETS AND "UNEARNED" INCOME**
Continuation Sheet (if needed)

Name Judy Biggert Page 2 of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | US Treas Nts DTD 10-31-96 | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| SP | US Treas. Nts DTD 10-31-97 | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| SP | US Treas. Nts DTD 2-15-02 | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | P |
| SP | Fed Nat'l Mtg Ass'n Medterm Nte 3-08-04 | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Comdisco Inc Nts 8-15-07 | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | P |
| SP | Williams Commun Senior Nts 10-01-07 | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Vanguard Short term Corp | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| SP | The Internet Fund | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| SP | Westminister Fund III | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| SP | PLM Invest-Cov'D Hopper Car (rail car) | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| SP | Oracle Corp Senior Nts 2-15-04 | X | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | S |
| | Walgreen Profit Sharing Retire | | | | | | X | | | | | | | | | | | | | distribution | | | | | | X | | | | | | |
| SP | Financial Services IRA | | | | | X | | | | | | | | | | | | | | | | | | | X | | | | | | | |
| SP | US Can | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | S |
| SP | Private Bancorp Inc | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | S |
| SP | Kansas City Southern | X | | | | | | | | | | | | | | | | | | Capital log | | | X | | | | | | | | | P, S |
| SP | Kansas City Southern | X | | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | P |
| SP | Walgreen Company | X | | | | | | | | | | | | | | | X | | | | | | | | | | | X | | | | S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert

Page 4 of 4

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | General Cable | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | S |
| SP | Fort James Sr Nts 3/15/01 | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | S |
| SP | CHGI Family CM6 Inc | X | | | | | | | | | | | | | | | | | | capital loss | | | | X | | | | | | | | S |
| SP | Watson Pharmaceuticals | X | | | | | | | | | | | | | | | | | | capital loss | | | | | X | | | | | | | S |
| SP | WorldCom Inc (WCI) | X | | | | | | | | | | | | | | | | | | capital loss | | | | | | X | | | | | | S |
| SP | US Treas. Nts DTD 8-15-97 | X | | | | | | | | | | | | | | | | | | Rollover | | | | | | | X | | | | | S |
| SP | Fred Meyer Inc. 3/1/03 | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | S |
| SP | Mutual Risk Hst Ltd | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | S |
| SP | Pimco Advisors Hldg | | | | | | | | | | | | | | | | | | | Rollover Sp Inc | | | X | | | | | | | | | |
| SP | Fort James Sr. Nts 3/15/01 | X | | | | | | | | | | | | | | | X | | | | | | | | | | X | | | | | S |
| SP | Walgreen Company | X | | | | | | | | | | | | | | | X | | | | | | | | | | X | | | | | S |

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## SCHEDULE IV — TRANSACTIONS

Name Judy Biggert



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Valspar | | X | | 6-20-00 | | X | | | | | | | | |
| | Abbott Laboratories | | X | | 10-17-00 | X | | | | | | | | | |
| | Walgreen Company | | X | | 12-05-00 | | | | X | | | | | | |
| | Newell Rubbermaid Inc | | X | | 4-11-00 | X | | | | | | | | | |
| SP | Lucent Tech Inc | X | | | 1-13-00 | X | | | | | | | | | P |
| SP | Internet Corp. | X | | | 1-14-00 | X | | | | | | | | | P |
| SP | Lucent Tech Inc | X | | | 1-21-00 | | X | | | | | | | | P |
| SP | Johnson + Johnson | X | | | 2-29-00 | | X | | | | | | | | P |
| SP | US Can | | X | | 2-01-00 | X | | | | | | | | | S |
| SP | Private Bancorp Inc | | X | | 2-09-00 | X | | | | | | | | | S |
| SP | Becton Dickinson | X | | | 2-09-00 | | X | | | | | | | | P |
| SP | Worldcom Inc (MCI) | X | | | 2-09-00 | | X | | | | | | | | P |
| SP | Worldcom Inc (MCI) | | X | | 12-04-00 | X | | | | | | | | | S |
| SP | Metronic Inc | X | | | 2-28-00 | X | | | | | | | | | P |
| SP | General Cable | | X | | 2-25-00 | X | | | | | | | | | S |
| SP | The Internet Fund | X | | | 2-28-00 | | | X | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name Judy Biggert Page 4 of 18

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Choicepoint | X | | | 2-28-00 | | X | | | | | | | | P |
| SP | Nokia Corp | X | | | 3-22-00 | | X | | | | | | | | P |
| SP | Allied Irish Bank | X | | | 3-22-00 | X | | | | | | | | | P |
| SP | QXL Ricardo | | X | | 2-16-00 | | | | X | | | | | | S |
| SP | QXL Ricardo | | X | | 2-24-00 | | | | X | | | | | | S |
| SP | QXL Ricardo | X | | | 4-12-00 | | | X | | | | | | | P |
| SP | QXL Ricardo | | X | | 4-13-00 | | | | | X | | | | | S |
| SP | QXL Ricardo | X | | | 5-31-00 | X | | | | | | | | | P |
| SP | QXL Ricardo | | X | | 6-06-00 | | X | | | | | | | | S |
| SP | QXL Ricardo | | X | | 6-20-00 | | | X | | | | | | | S |
| SP | QXL Ricardo | | X | | 6-21-00 | | X | | | | | | | | S |
| SP | QXL Ricardo | | X | | 6-29-00 | | X | | | | | | | | S |
| SP | QXL Ricardo | X | | | 6-29-00 | | X | | | | | | | | P |
| SP | Freddie Mac | X | | | 5-04-00 | | X | | | | | | | | P |
| SP | Williams Cos Inc | X | | | 5-04-00 | | X | | | | | | | | P |
| SP | Xilinx | X | | | 5-04-00 | X | | | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name Judy Biggert



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| SP | Xilinx | X | | | 5-31-00 | X | | | | | | | | | |
| SP | Xilinx | X | | | 6-06-00 | | X | | | | | | | | |
| SP | GT+T Corp Wireless | X | | | 5-15-00 | | X | | | | | | | | |
| SP | Safeguard Scientific | X | | | 5-15-00 | | X | | | | | | | | |
| SP | Sun Micro Systems Inc | X | | | 5-15-00 | | X | | | | | | | | |
| SP | Charter One Fink Inc | X | | | 6-21-00 | | X | | | | | | | | |
| SP | QXL Ricardo | X | | | 6-01-00 | X | | | | | | | | | |
| SP | QXL Ricardo | X | | | 6-01-00 | X | | | | | | | | | |
| SP | QXL Ricardo | X | | | 6-01-00 | X | | | | | | | | | |
| SP | QXL Ricardo | X | | | 6-02-00 | X | | | | | | | | | |
| SP | QXL Ricardo | | X | | 6-05-00 | | | | X | | | | | | |
| SP | QXL Ricardo | | X | | 7-17-00 | | X | | | | | | | | |
| SP | QXL Ricardo | | X | | 7-12-00 | X | | | | | | | | | |
| SP | Choicepoint | X | | | 7-19-00 | X | | | | | | | | | |
| SP | Amphenol | X | | | 7-12-00 | | X | | | | | | | | |
| SP | Oracle Corp disc. | | X | | 7-12-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Black Box Corp | X | | | 7-19-00 | | X | | | | | | | | |
| SP | US Bankcorp | X | | | 7-31-00 | | X | | | | | | | | |
| SP | IL Tool Works | X | | | 6-02-00 | | X | | | | | | | | |
| SP | Stillwell Financial | X | | | 6-16-00 | | X | | | | | | | | |
| SP | Fred Meyer Inc 3/01/2003 | | X | | 7-03-00 | X | | | | | | | | | |
| SP | Walgreen Company | | X | | 7-03-00 | | | X | | | | | | | |
| SP | Walgreen Company | | X | | 7-05-00 | | | X | | | | | | | |
| SP | Walgreen Company | | X | | 7-06-00 | | | X | | | | | | | |
| SP | Ford James Sr Nts 3-15-01 | | X | | 7-27-00 | | X | | | | | | | | |
| SP | Oracle Corp Sr Nts 2-15-04 | | X | | 7-27-00 | | X | | | | | | | | |
| SP | US Treas. Nts DTD 8-15-97 | | X | | 8-15-00 | | | X | Redeemed | | | | | | |
| SP | Mutual Risk Mgmt LTD | | X | | 8-15-00 | X | | | | | | | | | |
| SP | Condisco Inc. Nts 6-15-03 | X | | | 8-08-00 | | X | | | | | | | | |
| SP | US Treas. Nts 2-15-07 | X | | | 9-01-00 | | | | X | | | | | | |
| SP | Utilities Inc. De Disco | X | | | 9-20-00 | | X | | | | | | | | |
| SP | AFLAC | | X | | 9-25-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Judy Biggert



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Raymond James Fin'l Inc | | X | | 9-01-00 | X | | | | | | | | | |
| SP | Amgen Disc. | | X | | 10-17-00 | X | | | | | | | | | |
| SP | Cisco | X | | | 10-17-00 | | X | | | | | | | | |
| SP | CMGI formerly CMG Info | X | | | 4-05-00 | X | | | | | | | | | |
| SP | CMGI | X | | | 4-05-00 | X | | | | | | | | | |
| SP | CMGI | | X | | 10-17-00 | X | | | | | | | | | |
| SP | EMC | | X | | 10-17-00 | X | | | | | | | | | |
| SP | Intel | X | | | 10-17-00 | X | | | | | | | | | |
| SP | Yahoo | X | | | 10-17-00 | X | | | | | | | | | |
| SP | General Electric Co. | X | | | 10-26-00 | | X | | | | | | | | |
| SP | Donaldson Lufkin & Jenrette | X | | | 5-15-00 | | X | | | | | | | | |
| SP | Donaldson Lufkin & Jenrette | | X | | 11-07-00 | | | X | tendered | | | | | | |
| SP | Watson Pharmaceuticals | | X | | 2-18-00 | X | | | | | | | | | |
| SP | Watson Pharmaceuticals | | X | | 7-20-00 | | | | | | | | | | |
| SP | Black Box Corp. | X | | | 12-26-00 | | X | | | | | | | | |
| SP | Solectron | X | | | 12-04-00 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Judy Biggert



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT, | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | ADC Telecommunications | X | | | 12-04-00 | X | | | | | | | | | |
| SP | Kansas City Southern Ind Inc | X | | | 6-21-00 | | X | | | | | | | | |
| SP | Kansas City Southern Ind | Split | | | 7-13-00 | | | | | | | | | | |
| SP | Vanguard Short Term Corp | X | | | 2-24-00 | X | | | | | | | | | |
| SP | Vanguard Total Stock Mkt | X | | | 2-24-00 | X | | | | | | | | | |
| SP | Oracle Corp | | X | | 5-31-00 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | None | | | | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | None | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII—TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | National Association for Education of Homeless Children and Youth NAEHCY | Oct 16 | Chicago - Greensboro - Washington DC | N | N | N | N |
| | GOP Main Street Partnership | April 24 - 26th spent on other. 27th | Chicago - San Francisco - Chicago | Y | Y | Y | Y |

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☐ *Original* ☐ *Amendment*

## U.S. House of Representatives

### *MEMBER/OFFICER TRAVEL DISCLOSURE FORM*

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with clause 5 of House Rule 26, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are filed. *Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.*

NAME OF MEMBER OR OFFICER (PRINT OR TYPE): Judy Biggert

NAME OF ACCOMPANYING FAMILY MEMBER (if any): Rody Biggert

RELATIONSHIP TO MEMBER/OFFICER (check one): ✓ spouse ____ child

DATES OF TRAVEL: 4-24 → 4-26

DATES AT PERSONAL EXPENSE: ____

ITINERARY: ____

SPONSOR (WHO PAID FOR THE TRIP): Republican Main Street Partnership

PURPOSE OF TRIP: Fund-raising for the GOP Main Street Partnership

TOTAL TRANSPORTATION EXPENSES:

For Member or Officer: $ 731.00

For accompanying spouse or child: $ 731.00

TOTAL LODGING EXPENSES:

For Member or Officer: $ 214.00

For accompanying spouse or child: $ 214.00

TOTAL MEAL EXPENSES:

For Member or Officer: ____

For accompanying spouse or child: ____

OTHER EXPENSES (specify):

For Member or Officer: ____

For accompanying spouse or child: ____

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: Judy Biggert DATE: 5/18/00

*Version date 4/2000*

Republican Main Street Partnership

To: Congresswoman Biggert
Fr: Sarah Chamberlain
Dt: May 5, 2000
Re: California trip – April 24th – 26th

For financial disclosure purposes the following expenses were covered by the Republican Main Street Partnership:

| | |
|---|---|
| Flight | $1,312.00 |
| Transportation | $ 150.00 |
| Hotel | $ 428.00 |
| Total | $1,890.00 |

* spouse's expenses are included in the above numbers

Republican Main Street Partnership 1601 N. Kent Street, Suite 1003 Arlington, VA 22209 Phone 703.527.6388 Fax 703.243.8377 www.republicanmainstreet.org

☐ *Original* ☐ *Amendment*

## U.S. House of Representatives

### *MEMBER/OFFICER TRAVEL DISCLOSURE FORM*

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NAME OF MEMBER OR OFFICER (PRINT OR TYPE): Judy Biggert IL-13

NAME OF ACCOMPANYING FAMILY MEMBER (if any): —

RELATIONSHIP TO MEMBER/OFFICER (check one): ____ spouse ____ child

DATES OF TRAVEL: 10-16-2000

DATES AT PERSONAL EXPENSE: —

ITINERARY: Depart OHARE 10-16-AM Arrive Greensboro - Depart Arrive DC 10-16-PM

SPONSOR (WHO PAID FOR THE TRIP): National Association For Education of Homeless Children and Youth (NAEHCY)

PURPOSE OF TRIP: To Address NAEHCY National Conference

TOTAL TRANSPORTATION EXPENSES:

For Member or Officer: 476.00

For accompanying spouse or child: —

TOTAL LODGING EXPENSES:

For Member or Officer: —

For accompanying spouse or child: ____

TOTAL MEAL EXPENSES:

For Member or Officer: —

For accompanying spouse or child: ____

OTHER EXPENSES (specify):

For Member or Officer: —

For accompanying spouse or child: ____

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: Judy Biggert DATE: 11-14-00

*Version date 4/2000*

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| None | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 12/31/98 | State of Illinois Employees Deferred Compensation Plan - Illinois General Assembly | Annual payments in July for 3 years. Received 15,000 July 1999 and July 2000. |
| 12/31/98 | Illinois General Assembly vested pension plan. | Payout beginning at Age 62, if desired. |

GPO: 2001 70-729 (mac)

**Use additional sheets if more space is required.**

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 15 AM 9:47
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** Page 1 of 16
For use by Members, officers, and employees

Michael Bilirakis, M.C.
(Full Name)

2269 Rayburn HOB Washington, DC 20515
(Mailing Address)

202-225-5755
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: FL District: 09 | ☐ Officer Or Employee — Employing Office |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☐ No ☑ | |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | |
| VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ | |
| VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ | |
| VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☐ No ☑ | |
| IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ | |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Michael Bilirakis | 5/15/01 |

# SCHEDULE III - ASSETS AND "U

Na Michael Bilirakis, M.C. Page 2 of 16

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Office Bldg-4538 Bartelt Rd., Holiday, FL | $50,001 - $100,000 | None | NONE | |
| | Rental Condo-Gateway Towers, Pittsburgh, PA | None | Rent-Net Loss | $15,001 - $50,000 (Rental + Gain) | S |
| SP | Bldg. (1/2) Athens & Pinellas, Tarpon Springs, FL | $15,001 - $50,000 | None | NONE | |
| SP | 1/2 of 2 lots (unimproved), Hope Subdiv., Tarpon Springs, FL | $1,001 - $15,000 | None | NONE | |
| JT | Nations Bank of FL (CDs & Savings) | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| JT | SunTrust Bank (CD, Savings, Stock) | $50,001 - $100,000 | Interest, Dividends | $2,501 - $5,000 | |

# SCHEDULE III - ASSETS AND "U

Na Michael Bilirakis, M C.



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Cong. Fed. Credit Union (CDs, Checking, Savings) | $50,001 - $100,000 | Interest | $2,501 - $5,000 | |
| JT | A. G. Edwards -Centennial Money Market | $1,001 - $15,000 | Interest | $1 - $200 | |
| SP | Fortis Securities | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| JT | First Union Corp. - Stock | None | Dividends | $201 - $1,000 | S |
| SP | A.G.Edwards Centennial Money Market -IRA | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| SP | Putnam High Income Govt. TR IRA | None | Dividends | $201 - $1,000 | S,E |

# SCHEDULE III - ASSETS AND "U

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Life of Georgia - IRA | None | Interest | $201 - $1,000 | E |
| | A.G. Edwards-Centennial Money Market - IRA | $1,001 - $15,000 | Interest | $1,001 - $2,500 | |
| | Putnam High Income Govt. TR - IRA | None | Dividends | $2,501 - $5,000 | S, E |
| | IBM - Stock - IRA | $50,001 - $100,000 | Dividends | $1,001 - $2,500 | E,sold all except 800 shares |
| SP | IBM - Stock - IRA | None | Dividends | $201 - $1,000 | S, E |
| JT | Kemper Municipal Bond Fund | $1,001 - $15,000 | Interest | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "U

Na Michael Bilirakis, M.C.



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Tech Data - Stock | $1,001 - $15,000 | DIVIDENDS | NONE | |
| | Adelphia - Stock - IRA | $1,001 - $15,000 | DIVIDENDS | NONE | |
| SP | Adelphia - Stock - IRA | $1,001 - $15,000 | DIVIDENDS | NONE | |
| JT | Sears Pref. ACC QUIB | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| JT | First Union (CD, Savings) | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | Great Subs, Inc. - Mortgage Note | $100,001 - $250,000 | Interest, Capital Gains | $15,001 - $50,000 | |

# SCHEDULE III - ASSETS AND "U

Na Michael Bilirakis, M C



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Oppenheimer MSIG - Class B Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| JT | Suburban Propane - Stock | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | |
| SP | FL Bancshares - Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | Gulf West Banks - Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| JT | Peoples FL Banking Corp - Stock, Savings, CDs | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| JT | TV Azteca - Stock | $1,001 - $15,000 | DIVIDENDS | NONE | P |

# SCHEDULE III - ASSETS AND "U



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|---|---|---|---|---|---|
| JT | Cellstar - Stock | $1,001 - $15,000 | DIVIDENDS | NONE | P, S |
| JT | America Online - Stock | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| JT | Cisco - Stock | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| JT | Unit EIF Biotech Fund | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| SP | Health Axis | $1,001 - $15,000 | DIVIDENDS | NONE | P, S |
| | TV Azteca- IRA | $15,001 - $50,000 | DIVIDENDS | NONE | P |

# SCHEDULE III - ASSETS AND "U

Na Michael Bilirakis, M.C.



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | AIG - IRA Annuity | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | P |
| SP | Raymond James Heritage Cash Fund - IRA | $1,001 - $15,000 | INTEREST | $1 - $200 | P |
| SP | America Online - IRA | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| SP | 3 Com/Palm - IRA | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| SP | TV Azteca - IRA | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| | AIG- IRA Annuity | $250,001 - $500,000 | DIVIDENDS | NONE | P |

# SCHEDULE III - ASSETS AND "U

Na Michael Bilirakis, M.C



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|---|---|---|---|---|---|
| JT | DSL Net - Stock | $1 - $1,000 | DIVIDENDS | NONE | P |
| JT | Unit VK Focus Fund | $1,001 - $15,000 | INTEREST | NONE | P |
| SP | Raymond James Heritage Cash Fund | $1,001 - $15,000 | INTEREST | $1 - $200 | P |
| | Kinross Gold - IRA | $1 - $1,000 | DIVIDENDS | NONE | P |
| | Nokia - IRA | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| JT | Raymond James - Heritage CashFund | $1,001 - $15,000 | INTEREST | $1 - $200 | P |

# SCHEDULE III - ASSETS AND "U

Na Michael Bilirakis, M.C



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example. Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | MSDW Liquid Asset Fund | $1,001 - $15,000 | INTEREST | $1 - $200 | P |
| | NY Life Variable Annuity | $15,001 - $50,000 | N/A | N/A | P |
| | Intel - Stock - IRA | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| JT | Greenleaf - Stock | $1 - $1,000 | DIVIDENDS | NONE | P |
| SP | Philip Morris - Stock | None | DIVIDENDS | $201 - $1,000 | PS |

# SCHEDULE IV - TRANSACTIONS

Na Michael Bilirakis, M.C.



**Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.**

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | First Union - Stock | S | 12-14-00 | $1,001 - $15,000 |
| | A.G. Edwards - Stock -IRA | S (income under $200) | 01-19-00 | $15,001 - $50,000 |
| JT | Greenleaf - Stock | P | 03-27-00 | $1,001 - $15,000 |
| JT | Cellstar - Stock | P | 03-27-00 | $1,001 - $15,000 |
| JT | Health Axis - Stock | P | 03-27-00 | $1,001 - $15,000 |
| | NY Life Variable Annuity | P | 04-28-00 | $15,001 - $50,000 |
| | AIG Life Variable Annuity - IRA | P | 05-22-00 | $250,001 - $500,000 |
| SP | AIF Life Variable Annuity - IRA | P | 05-22-00 | $15,001 - $50,000 |
| SP | Philip Morris - Stock | P | 03-07-00 | $15,001 - $50,000 |
| SP | Philip Morris - Stock | S | 08-11-00 | $15,001 - $50,000 |
| | Condo-Gateway Towers, Pittsburgh, PA | S | 11-06-00 | $15,001 - $50,000 |
| | Cellstar - Stock - IRA | S (income under $200) | 05-22-00 | $1,001 - $15,000 |

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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Home Depot -Stock - IRA | S (income under $200) | 05-22-00<br>06-01-00 | $1,001 - $15,000 |
| | Putnam Fund - IRA | S | 05-22-00 | $100,001 - $250,000 |
| | IBM - Stock - IRA | S | 05-22-00 | $100,001 - $250,000 |
| SP | IBM - Stock - IRA | S | 05-22-00 | $15,001 - $50,000 |
| SP | Putnam Fund - IRA | S | 05-22-00 | $1,001 - $15,000 |
| | TV Azteca - IRA | P | 05-31-00 | $15,001 - $50,000 |
| JT | TV Azteca | P | 05-31-00 | $1,001 - $15,000 |
| SP | TV Azteca - IRA | P | 05-31-00 | $1,001 - $15,000 |
| JT | Cellstar - Stock | P | 05-31-00 | $1,001 - $15,000 |
| SP | Life of George - IRA | S , Cashed-In | 05-12-00 | $15,001 - $50,000 |
| SP | America Online - Stock - IRA | P | 05-16-00 | $1,001 - $15,000 |
| SP | 3 Com/Palm - Stock - IRA | P | 05-16-00 | $1,001 - $15,000 |

# SCHEDULE IV - TRANSACTIONS

Na Michael Bilirakis, M C



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Netrix - Stock | P | 04-28-00 | $1,001 - $15,000 |
| JT | Health Axis - Stock | P | 04-28-00 | $1,001 - $15,000 |
| | Kinross Gold - Stock - IRA | P | 08-21-00 | $1,001 - $15,000 |
| | Nokia - Stock - IRA | P | 08-21-00 | $1,001 - $15,000 |
| | Intel - Stock - IRA | P | 10-17-00 | $1,001 - $15,000 |
| SP | Health Axis - Stock | P | 11-29-00 | $1,001 - $15,000 |
| JT | Health Axis - Stock | S (income under $200) | 12-13-00 | $1,001 - $15,000 |
| JT | Netrix - Stock | S (income under $200) | 12-13-00 | $1,001 - $15,000 |
| JT | Cellstar - Stock | S (income under $200) | 12-13-00 | $1,001 - $15,000 |
| JT | America Online - Stock | P | 12-18-00 | $1,001 - $15,000 |
| JT | CISCO - Stock | P | 12-18-00 | $1,001 - $15,000 |
| JT | Unit EIF Biotech Fund | P | 12-21-00 | $1,001 - $15,000 |

# SCHEDULE IV - TRANSACTIONS

Na Michael Bilirakis, M.C.



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Unit VK Focus Fund | P | 12-27-00 | $1,001 - $15,000 |
| JT | DSL Net - Stock | P | 12-29-00 | Under$1000 |
| JT | Compaq | S (income under $200) | 10-17-00 | $1,001 - $15,000 |
| | Tech Data - IRA | S (income under $200) | 06-08-00 | $1,001 - $15,000 |

# SCHEDULE V - LIABILITIES

Na Michael Bilirakis, M.C



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| JT | Nations Bank, Holiday, FL | Mortgage on 4538 Bartelt Rd., Holiday, FL (Law Office) | $15,001 - $50,000 |
| JT | Cong. Fed. Credit Union | Acquired loan for son (secured by CD) | $10,001 - $15,000 |
| | Northwestern Mutual | Cash value loan on life insurance | $50,001 - $100,000 |
| | Southeast Financial | Personal Loan | $15,001 - $50,000 |

# SCHEDULE VII - TRAVEL PAYMENTS

Na Michael Bilirakis, M.C



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| NCOA (Non-Commissioned Officers Assn. | July 7-10 | Atlanta, GA | Y | Y | Y | NONE |

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees



HAND DELIVERED

(6)

LEGISLATIVE RESOURCE CENTER

MC 2001 MAY 15 PM 4:54

(Office Use Only)

RECEIVED
U.S. HOUSE OF REPRESENTATIVES

Sanford D. Bishop, Jr.
(Full Name)

#Name?
(Mailing Address)

(202) 225-3631
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: GA District: 02 | ☐ Officer Or Employee — Employing Office |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ No ☑ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month Day Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | Sanford D. Bishop Jr. | 5/15/01 |

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# SCHEDULE III - ASSETS AND "U



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| House & Lot at 4129 Roman Drive, Columbus, GA | $50,001 - $100,000 | RENT | $5,001 - $15,000 | NA |
| Legislative Retirement System, 2 Northside, Atlanta, GA | $1,001 - $15,000 | Other: (Please specify) Legislative Pension | NONE | NA |
| First Union Bank of D.C., Washington D.C. | $1,001 - $15,000 | INTEREST | $1 - $200 | NA |
| SouthTrust Bank of Columbus, GA | $1 - $1,000 | INTEREST | $1 - $200 | NA |
| Lot 24 A Lakemont Heights, Hartwell, GA | $1,001 - $15,000 | NONE | NONE | NA |
| Congressional Federal Credit Union, Washingon D.C | $1 - $1,000 | INTEREST | $1 - $200 | NA |

# SCHEDULE III - ASSETS AND "U

Na Sanford D Bishop, Jr



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | AmSouth Bank, N.A., Mobile, AL | $1,001 - $15,000 | INTEREST | $1 - $200 | NA |
| JT | **Commonwealth Bank, Mobile, AL | $1 001 - $15,000 | INTEREST | $1 - $200 | NA |
| JT | **House and Lot 311 Yeates Street, Skyville, MS | $15,001 - $50,000 | RENT | $1 - $200 | NA |
| JT | **Merrill Lynch CMA Money Account | $15,001 - $50 000 | DIVIDENDS | NONE | NA |
| JT | **Prudential Securities | $50,001 - $100,000 | DIVIDENDS | NONE | NA |
| | **All Income Paid to Joint Tenant | N/A | N/A/N | N/A | N/A |

# SCHEDULE V - LIABILITIES

Na Sanford D Bishop, Jr



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Homeside Lending Incorporated, FL | Mortgage on Rental Property at 4129 Roman Drive, Columbus, GA | $15,001 - $50,000 |
| | Congressional Federal Credit Union | Revolving Charge Account | $10,001 - $15,000 |

# SCHEDULE VII - TRAVEL PAYMENTS

Na Sanford D. Bishop, Jr



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| New York Stock Exchange, Bell Atlantic, Humpty Dumpty Institute | June 15-18 | Washington-New York-Washington | Y | Y | N | N/A |

# SCHEDULE VIII - POSITIONS

Na Sanford D. Bishop, Jr



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Board Member | Tubman African-American Museum, 340 Walnut Street, Macon, GA |
| Board Member | William H. Spencer Golden Owlettes, Columbus, GA |
| Board Member | Liberty Theater Cultural Center, Incorporated, 823 8th Avenue, Columbus, GA |
| Board Member | A.J. McClung, YMCA, 1175 Martin Luther King, Jr. Boulevard, Columbus, GA |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

MAY 14 2001 (15)
LEGISLATIVE RESOURCE CEN
2001 MAY 17 AM 11: 1
LEGISLATIVE RESOURCE CENTER
MC
(Office Use Only)

Rod R. Blagojevich
(Full Name)

2934 W. Sunnyside
(Mailing Address)

773 509-9427
Daytime Telephone

Chicago, IL 606625

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State Illinois District 5th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Rod Blagojevich | 5-3-01 |

Name Blagojevich | Page 1 of 14

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Rod Blagojevich atty at law Co counsel fees | legal income cases prior to 1-7-97 | Gross $219,221. net $198,017 |
| | US Government | legislative Salary | $130,417.00 |
| | William Dart & Associates, Chicago Illinois | Spouse Income | NA |
| | Patricia Blagojevich and Associates - Real Estate Sales & Appraisal | Spouse Income | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP. | | SP | Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | | | P |
| DC. | *Examples:* | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | | | |
| JT | | | 1st Bank of Paducah KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | | | Condominium at 1663 W. Melrose Chicago IL 60613 | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | | | Merrill Lynch IRA Fundamental Growth B | | | | X | | | | | | | | | X | | | X | | | | | | N/A | | IRA | | | | | | | | | |
| | | | John Hancock IRA/SEP Fund #123 | | | | X | | | | | | | | | X | | | X | | | | | | N/A | | IRA | | | | | | | | | |
| | | | Aim SEP/IRA Fund 515 | | | | X | | | | | | | | | X | | | X | | | | | | N/A | | IRA | | | | | | | | | |
| | | | General Assembly Retirement State of Illinois | | | | | | | | | | | | | X | | | X | | | | | | N/A | | IRA | | | | | | | | | |
| SP | | | IRA Biogen Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | | | | | | | | | | S |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Blagojevich

Page 3 of 14

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | IRA Texas Instruments | X | | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | S |
| | DARK IRA Dell Comp | X | | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | S |
| | DARK IRA Keymark | X | | | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | S |
| | DARK IRA EMC Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | S |
| | DARK IRA Wallmart | X | | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | S |
| | DARK IRA VODAPhone | X | | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | S |
| | IRA Janus Growth & Income | | | X | | | | | | | | | | X | | X | X | | | | N/A | IRA | | | | | | | | | | P |
| | IRA Janus Olympus Fund | | | X | | | | | | | | | | X | | X | X | | | | N/A | IRA | | | | | | | | | | P |
| | IRA Janus Special Situations | | | X | | | | | | | | | | X | | X | X | | | | N/A | IRA | | | | | | | | | | P |
| | DARK IRA Exelus Comm | X | | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P |
| | DARK IRA Cisco Stock | X | | | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| JT | Amgen Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | | S |
| JT | Cisco Systems Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | S |
| JT | Dell Computer Stock | X | | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | S |
| JT | EMC Corp Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | S |
| JT | Home Depot Stock | X | | | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | S |
| JT | QLogic Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | | | X | | | | | S |
| JT | Microsoft Stock | X | | | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | S |
| JT | Conversetech Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | P/S |
| JT | ADI Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | P/S |
| JT | Veritas Software Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | | P/S |
| JT | Burt Brown Corp Stock | X | | | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Blasgovich

Page 4 of 14

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | JDS Uniphase Stock | X | | | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P/S |
| JT | PMC Sierra Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | | P/S |
| JT | Techne Stock | X | | | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P/S |
| JT | Power One Stock | X | | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P/S |
| JT | Keithley Inst. Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | P/S |
| JT | CAD Tech Stock | X | | | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P/S |
| JT | Dataram Stock | X | | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P/S |
| JT | Newport Tech Stock | X | | | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P/S |
| JT | Lite Fuse Stock | X | | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P/S |
| JT | Hall Kinion Stock | X | | | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P/S |
| JT | Electric Stock | X | | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P/S |
| JT | Emulex | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| JT | SP Young Investor Fund | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |
| JT | Sarm INA Stock | X | | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P/S |

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## SCHEDULE IV — TRANSACTIONS

Name Blagojevich



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Cree Common Stock | Spouse IRA | X | X | | 1-21-00 | X | | | | | | | | | |
| SP | Biogen Common Stock | | | X | | 2-22-00 | X | | | | | | | | | |
| SP | Texas Instruments Stock | | | X | | 3-9-00 | X | | | | | | | | | |
| SP | Peregrine Systems Stock | | X | X | | 1-21-00 | X | | | | | | | | | |
| SP | Cisco Systems Stock | | X | X | | 3-3-00 | X | | | | | | | | | |
| SP | Power Inc Stock | | X | X | | 4-4-00 | X | | | | | | | | | |
| SP | Coening Inc Stock | | X | X | | 3-23-00 | X | | | | | | | | | |
| | ADL Stock | IRA | | X | | 10-30-00 | X | | | | | | | | | |
| | Dell Stock | IRA | | X | | 6-26-00 | X | | | | | | | | | |
| | Lexmark Stock | IRA | | X | | 8-30-00 | X | | | | | | | | | |
| | EMC Stock | IRA | | X | | 10-30-00 | X | | | | | | | | | |
| | WalMart Stock | IRA | | X | | 1-24-00 | X | | | | | | | | | |
| | Vodaphone Stock | IRA | | X | | 1-21-00 | X | | | | | | | | | |
| | Janus Growth & Income Fund | | X | | | 1-14-00 | X | | | | | | | | | |
| | Janus Olympus Fund | | X | | | 5-9-00 | X | | | | | | | | | |
| | Janus Special Situations Fund | | X | | | 4-5-00 | X | | | | | | | | | |
| | | | X | | | 4-5-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Blagojevich



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | QualCom Stock | X | X | | P 1-4-00 S 1-14-00 | | X | | | | | | | | |
| | Exodus Communications Stock | X | X | | P 1-14-00 S 4-4-00 | X | | | | | | | | | |
| | Cree Common Stock | X | X | | P 1-21-00 S 1-31-00 | X | | | | | | | | | |
| | Cree Common Stock (DATK IRA) | X | X | | P 2-3-00 S 2-22-00 | | X | | | | | | | | |
| | BEA Systems Stock | X | X | | P 3-3-00 S 5-19-00 | X | | | | | | | | | |
| | Seibel Systems Stock | X | X | | P 3-3-00 S 4-4-00 | X | | | | | | | | | |
| | Power Common Stock | X | X | | P 11/26/00 S 11/26/00 | X | | | | | | | | | |
| JT | Amgen Stock | | X | | 3-2-00 | | X | | | | | | | | |
| JT | Cisco Systems Stock | | X | | 3-31-00 | X | | | | | | | | | |
| JT | Dell Computer Stock | | X | | 1-4-00 | X | | | | | | | | | |
| JT | EMC Corp Stock | | X | | 1-21-00 | X | | | | | | | | | |
| JT | Home Depot Stock | | X | | 1-25-00 | X | | | | | | | | | |
| JT | Intel Stock | | X | | 10-10-00 | X | | | | | | | | | |
| JT | Lucent Tech Stock | | X | | 2-2-00 | X | | | | | | | | | |
| JT | McDonalds Stock | | X | | 1-25-00 | X | | | | | | | | | |
| JT | Microsoft Stock | | X | | 3-31-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Blagojevich



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Example: Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | QLogic Stock | | X | | 3-3-00 | | X | | | | | | | | |
| JT | | | | | 4-4-00 | | X | | | | | | | | |
| JT | Microsoft Stock | | X | | 4-4-00 | | X | | | | | | | | |
| JT | Xilinx Stock | | X | | 1-11-00 | | X | | | | | | | | |
| JT | Exon Stock | | X | | 1-4-00 | X | | | | | | | | | |
| JT | Cree Corp Stock | X | X | | 1-21-00 | X | | | | | | | | | |
| | | | | | 1-31-00 | | | | | | | | | | |
| JT | Amcc Corp Stock | X | X | | 2-10-00 | | X | | | | | | | | |
| | | | | | 2-22-00 | | | | | | | | | | |
| JT | Triquint Semi Stock | X | X | | 2-10-00 | | X | | | | | | | | |
| | | | | | 2-22-00 | | | | | | | | | | |
| JT | Comverse Tech Stock | X | X | | 1-10-00 | | X | | | | | | | | |
| | | | | | 3-21-00 | | | | | | | | | | |
| JT | ADI Stock | X | X | | 2-15-00 | X | | | | | | | | | |
| | | | | | 3-21-00 | | X | | | | | | | | |
| JT | Veritas Software Stock | X | X | | 1-10-00 | X | | | | | | | | | |
| | | | | | 3-21-00 | | X | | | | | | | | |
| JT | Keithly Instruments Stock | X | X | | 3-16-00 | X | | | | | | | | | |
| | | | | | 3-31-00 | | | | | | | | | | |
| JT | Aladin Systems Stock | X | X | | 3-6-00 | X | | | | | | | | | |
| | | | | | 3-31-00 | | | | | | | | | | |
| JT | Elantec Stock | X | X | | 3-6-00 | X | | | | | | | | | |
| | | | | | 4-4-00 | | | | | | | | | | |
| JT | Burr Browning Corp Stock | X | | | 3-6-00 | X | | | | | | | | | |
| | " " | | X | | 3-31-00 | X | | | | | | | | | |
| | | | | | 6-22-00 | | | | | | | | | | |
| JT | JDS Uniphase Stock | X | | | 1-10-00 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Blagojevich



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | JDSuniphase Stock | | X | | 3-31-00 | | X | | | | | | | | |
| | | | | | 4-4-00 | | X | | | | | | | | |
| JT | PMC Sierra Stock | X | | | 2-3-00 | | X | | | | | | | | |
| JT | PMC Sierra Stock | | X | | 3-31-00 | | X | | | | | | | | |
| | | | | | 4-4-00 | | X | | | | | | | | |
| JT | Flextronics Stock | X | X | | 3-23-00 | X | | | | | | | | | |
| | | | | | 4-4-00 | | | | | | | | | | |
| JT | Mini Med Stock | X | X | | 4-18-00 | X | | | | | | | | | |
| | | | | | 4-18-00 | | | | | | | | | | |
| JT | EMC Corp Stock | X | X | | 4-18-00 | X | | | | | | | | | |
| | | | | | 5-10-00 | | | | | | | | | | |
| JT | ADobe Stock | X | X | | 4-18-00 | X | | | | | | | | | |
| | | | | | 5-10-00 | | | | | | | | | | |
| JT | Oracle Stock | X | X | | 4-18-00 | X | | | | | | | | | |
| | | | | | 5-10-00 | | | | | | | | | | |
| JT | PMC Sierra Stock | X | X | | 3-15-00 | X | | | | | | | | | |
| | | | | | 5-15-00 | | | | | | | | | | |
| JT | JDSuniphase Stock | X | X | | 3-16-00 | X | | | | | | | | | |
| | | | | | 5-16-00 | | | | | | | | | | |
| JT | Elentec Stock | X | X | | 6-7-00 | X | | | | | | | | | |
| | | | | | 6-13-00 | | | | | | | | | | |
| JT | Zoomstar Labs Stock | X | X | | 6-13-00 | X | | | | | | | | | |
| | | | | | 6-21-00 | | | | | | | | | | |
| JT | Peregrine Sys Stock | X | X | | 3-3-00 | X | | | | | | | | | |
| | | | | | 3-31-00 | | | | | | | | | | |
| JT | Solectron Stock | X | X | | 4-18-00 | X | | | | | | | | | |
| | | | | | 5-3-00 | | | | | | | | | | |
| JT | Atmel Stock | X | X | | 4-18-00 | X | | | | | | | | | |
| | | | | | 5-9-00 | | | | | | | | | | |
| JT | Waddell & Reed Stock | X | X | | 6-5-00 | X | | | | | | | | | |
| | | | | | 6-12-00 | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Blagojevich



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | Cyprus Semi conductor Stock | X | X | | 6-5-00<br>6-12-00 | X | | | | | | | | | |
| JT | Tekcom Semi Stock | X | X | | 6-22-00<br>6-23-00 | X | | | | | | | | | |
| JT | Techne Stock | X | X | | 6-16-00<br>6-23-00 | X | | | | | | | | | |
| JT | Power One Stock | X | X | | 6-5-00<br>6-28-00 | X | | | | | | | | | |
| JT | Xilinx Stock | X | X | | 6-5-00<br>6-29-00 | X | | | | | | | | | |
| JT | PLX Teck Stock | X | X | | 6-2-00<br>6-3-00 | X | | | | | | | | | |
| JT | Newhorizions Stock | X | X | | 6-30-00<br>7-6-00 | X | | | | | | | | | |
| JT | Keithley Stock | X | X | | 6-26-00<br>7-6-00 | | X | | | | | | | | |
| JT | C&D Tech Q Stock | X | X | | 6-26-00<br>7-6-00 | | X | | | | | | | | |
| JT | Excel Tech Stock | X | X | | 6-26-00<br>7-6-00 | X | | | | | | | | | |
| JT | Dataram Stock | X | X | | 7-6-00<br>7-19-00 | X | | | | | | | | | |
| JT | New port Tech Stock | X | X | | 7-7-00<br>7-11-00 | X | | | | | | | | | |
| JT | Power One Stock | X | X | | 7-7-00<br>7-11-00 | X | | | | | | | | | |
| JT | Pmc Sierra Stock | X | X | | 7-7-00<br>7-14-00 | | X | | | | | | | | |
| JT | Little Fuse Stock | X | X | | 6-5-00<br>6-14-00 | X | | | | | | | | | |
| JT | HPL Kinion Stock | X | X | | 6-30-00<br>7-28-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Blasojevich



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | Samina Corp Stock | X | X | | 7-15-00 | X | | | | | | | | | |
| JT | ADCT Telecom Stock | X | X | | 7-26-00 | X | | | | | | | | | |
| JT | | | | | 7-24-00 | | | | | | | | | | |
| JT | Cisco Systems Stock | X | X | | 4-18-00 | X | | | | | | | | | |
| JT | | | | | 8-11-00 | | | | | | | | | | |
| JT | Perkinlemer Stock | X | X | | 8-17-00 | X | | | | | | | | | |
| JT | | | | | 8-17-00 | | | | | | | | | | |
| JT | Cabot Microelectric Stock | X | X | | 8-17-00 | X | | | | | | | | | |
| JT | | | | | 8-23-00 | | | | | | | | | | |
| JT | Capinline Stock | X | X | | 8-31-00 | X | | | | | | | | | |
| JT | | | | | 9-7-00 | | | | | | | | | | |
| JT | Power One Stock | X | X | | 8-31-00 | X | | | | | | | | | |
| JT | | | | | 9-31-00 | | | | | | | | | | |
| JT | Sun Microsystems Stock | X | X | | 8-31-00 | X | | | | | | | | | |
| JT | | | | | 9-22-00 | | | | | | | | | | |
| JT | Amazon Stock | X | X | | 9-28-00 | X | | | | | | | | | |
| JT | | | | | 10-4-00 | | | | | | | | | | |
| JT | Elantec Stock | X | X | | 8-31-00 | X | | | | | | | | | |
| JT | | | | | 10-4-00 | | | | | | | | | | |
| JT | MAXIM Ind. Stock | X | X | | 8-7-00 | X | | | | | | | | | |
| JT | | | | | 10-10-00 | | | | | | | | | | |
| JT | Corning Stock | X | X | | 8-31-00 | X | | | | | | | | | |
| JT | | | | | 10-10-00 | | | | | | | | | | |
| JT | Home Depot | X | X | | 9-28-00 | X | | | | | | | | | |
| JT | | | | | 10-10-00 | | | | | | | | | | |
| JT | Emulex Stock | X | | | 3-10-00 | | X | | | | | | | | |
| JT | SR Young Investor Fund | X | 12 monthly contributions | | | X | | | | | | | | | |
| JT | Advantage Marketing Systems Stock | X | X | | 10-6-00 | X | | | | | | | | | |
| | | | | | 11-6-00 | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Blagojevich



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | AIZA Corp Stock | X | X | | 10-26-00 | X | | | | | | | | | |
| JT | Applied Micro Circuits Stock | X | X | | 10-30-00 | X | | | | | | | | | |
| JT | Caremark Corp Stock | X | X | | 10-23-00 | X | | | | | | | | | |
| JT | CDW Computrs Stock | X | X | | 11-6-00 | X | | | | | | | | | |
| JT | Cerner Stock | X | X | | 10-6-00 | X | | | | | | | | | |
| JT | Cirrus Logic Stock | X | X | | 10-18-00 | X | | | | | | | | | |
| JT | Concord EFS Stock | X | X | | 11-21-00 | X | | | | | | | | | |
| JT | Education Mgmt Stock | X | X | | 10-6-00 | X | | | | | | | | | |
| JT | Express Scripts Inc Stock | X | X | | 11-6-00 | X | | | | | | | | | |
| JT | I2 Technologies Stock | X | X | | 12-5-00 | X | | | | | | | | | |
| JT | Impath Inc Stock | X | X | | 10-31-00 | X | | | | | | | | | |
| JT | Integrated Device Tech. Stock | X | X | | 11-13-00 | X | | | | | | | | | |
| JT | Keithley Instruments Stock | X | X | | 10-6-00 | X | | | | | | | | | |
| JT | Mentor Graphics Stock | X | X | | 11-13-00 | X | | | | | | | | | |
| JT | Mercury Interactive Stock | X | X | | 10-30-00 | X | | | | | | | | | |
| JT | Newport Corp Stock | X | X | | 12-5-00 | X | | | | | | | | | |
| | | | | | 10-6-00 | X | | | | | | | | | |
| | | | | | 10-23-00 | X | | | | | | | | | |
| | | | | | 10-6-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Blagojevich



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | Oakley Corp Stock | X | X | | 10-30-00 | X | | | | | | | | | |
| JT | Qlexus Corp Stock | X | X | | 11-6-00 | X | | | | | | | | | |
| JT | Power One Inc Stock | X | X | | 10-23-00 | X | | | | | | | | | |
| JT | Precision Castparts Corp Stock | X | X | | 11-13-00 | X | | | | | | | | | |
| JT | Quest Diagnostics Inc Stock | X | X | | 12-5-00 | X | | | | | | | | | |
| JT | Rambus Inc Stock | X | X | | 10-6-00 | X | | | | | | | | | |
| JT | Sanmina Corp Stock | X | X | | 11-6-00 | X | | | | | | | | | |
| JT | Sei Investments Stock | X | X | | 11-21-00 | X | | | | | | | | | |
| JT | Siebel Systems Stock | X | X | | 12-5-00 | X | | | | | | | | | |
| JT | TALOOTS Inc Stock | X | X | | 10-18-00 | X | | | | | | | | | |
| | | | | | 11-6-00 | X | | | | | | | | | |
| | | | | | 11-13-00 | X | | | | | | | | | |

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Name Blagojevich | Page 13 of 14

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| SP | Firstar Bank, Chicago IL | Mortgage on 6630 W Melrose, Chicago IL unit A1 | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| Various Dates when each case was signed all prior to 1/7/97 | Clifford Law Offices<br>Sussman Selig + Ross Law Office<br>Law Office of Michael Nicholson<br>Kaplan & Sorosky Law Office<br>(all in Chicago, IL) | Co Counsel fees on outstanding legal cases which preceeded 1/7/97. To be paid on a Contingency basis upon the settlement of the case. |

GPO:2007 '20-336(Image)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, Officers and employees.

HAND DELIVERED

(7)

Earl Blumenauer
(First Name)

1406 Longworth Washington DC 20515
(Mailing Address)

2001 MAY 15 PM 5:57

202-225-4811
(Telephone Number)

(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | ✓ Member of the U.S. House of Representatives | State OR District 03 | Officer Or Employee | Employing Office |
| Report Type | Annual (May 15) ✓ Amendment | Termination | Termination Date | |

A $200 penalty shall be assessed against anyone who files more than 30 days late

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| I | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from a source outside the reporting period? If yes, complete and attach Schedule I | Yes | No ✓ | VI | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (or aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI | Yes | No ✓ |
| II | Did any individual or organization make a direct or indirect payment to you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II | Yes | No ✓ | VII | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII | Yes ✓ | No |
| III | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III | Yes ✓ | No | VIII | Did you hold any reportable positions in or since the date of filing in the current calendar year? If yes, complete and attach Schedule VIII | Yes | No ✓ |
| IV | Did you, your spouse or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV | Yes | No ✓ | IX | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX | Yes | No ✓ |
| V | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V | Yes ✓ | No | | Each question in this part must be answered and the appropriate schedule attached to each "Yes" response | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| Trusts-- | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes | No ✓ |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes | No ✓ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 (as amended). The information will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. [illegible] willfully fails to file this report may be subject to civil penalties and criminal sanctions [illegible]

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Earl Blumenauer | 15 May 2001 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Mutual Beacon | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | NA |
| Mutual Discovery | $50,001 - $100,000 | DIVIDENDS | $2,501 - $5,000 | NA |
| T.R. Price-New Asia | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | NA |
| Aetna Money Market Fund | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | NA |
| Aetna Fixed Plus Account | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | NA |
| MFS Value Equity | $50,001 - $100,000 | DIVIDENDS | $2,501 - $5,000 | NA |

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|---|---|---|---|---|
| Scudder International Portfolio | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | NA |
| Oregon Public School Employee Retirement Account | $250,001 - $500,000 | NA | NA | NA |
| Thrift Savings Account | $50,001 - $100,000 | NA | $5,001 - $15,000 | NA |
| MFS Emerging Equities | $50,001 - $100,000 | DIVIDENDS | $2,501 - $5,000 | NA |
| Melissa Anne Apartments, LLC 7720 E. Burnside, Portland, OR | $50,001 - $100,000 | RENT | $5,001 - $15,000 | NA |
| Apartments 3701-3705 SE 37th Place Portland, OR | $50,001 - $100,000 | RENT | $5,001 - $15,000 | NA |

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|---|---|---|---|---|
| 510-6th Street SE Apt. B Washington DC | $100,001 - $250,000 | RENT | $5,001 - $15,000 | NA |
| Bank of America (money market) | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | NA |
| Schwab Money Market Fund | $1,001 - $15,000 | INTEREST | $201 - $1,000 | NA |
| Japan (Scudder) Fund | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | NA |
| Schwab 1000 | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | NA |
| Schwab Small Cap | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | NA |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer



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|---|---|---|---|---|---|
| Calvert Social Balanced | $1,001 - $15,000 | DIVIDENDS | $1,001 - $2,500 | P |
| Powell Gardens, 3410 SE 33rd Portland, OR | $50,001 - $100,000 | RENT | $5,001 - $15,000 | NA |
| Oak Street Rowhouse 1309 SE Oak Portland, OR | $100,001 - $250,000 | RENT | NONE | NA |
| Congressional Credit Union | $1,001 - $15,000 | INTEREST | $201 - $1,000 | NA |
| Glisan Townhomes, 1517 NE 8th Portland, OR | $1,001 - $15,000 | RENT | $1 - $200 | NA |
| Chelsea Court, 130 NW 19th Ave., Portland, OR | $15,001 - $50,000 | RENT | $1,001 - $2,500 | NA |

## SCHEDULE V - LIABILITIES

Name Earl Blumenauer



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Mellon Bank | mortgage, 1309 SE Oak Portland, OR | $100,001 - $250,000 |
| | Continental | mortgage, 7720 E. Burnside Portland, OR | $15,001 - $50,000 |
| | West One Bank | mortgage, 3701-3705 SE 35th Place Portland, OR | $15,001 - $50,000 |
| | private note with J.D. Holm, previous owner | mortgage, 3803 SE 35th Portland, OR | $15,001 - $50,000 |
| | First Security Bank, Portland OR | mortgage, 1517 NE 8th Portland, OR | $15,001 - $50,000 |
| | Mellon Bank | mortgage, 510 SE 6th Washington, DC | $100,001 - $250,000 |
| | private note, DE Sprinkling | mortgage, 2441 NE Weidler | $100,001 - $250,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Earl Blumenauer



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Lincoln Land Institute | Jan. 14-Jan. 16 | Phoenix, AZ | Y | Y | N | None |
| University of California Berkley College of Environmental Design | Feb. 24-Feb.25 | Berkley, CA | Y | Y | N | None |
| Virginia American Planning Association | Mar. 27 | Norfolk, VA | N | Y | N | None |
| DLC Spring Retreat | Apr. 28-Apr. 30 | New Orleans, LA | Y | Y | N | None |
| Boulder County Democratic Party | Apr. 15-Apr. 16 | Boulder, CO | Y | Y | N | None |
| American Planning Association | Apr. 16-Apr. 19 | New York, NY | N | Y | N | None |
| Lincoln Land Institute | June 23-June 26 | Boston, MA | Y | Y | N | None |
| Rail~Volution | Oct. 5-Oct. 7 | Denver, CO | Y | N | N | None |

HAND DELIVERED

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**



For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2001 JUN 14 PM 5:52
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

Earl Blumenauer
(Full Name)

1406 Longworth Washington, DC 20515
(Mailing Address)

202-225-4811
Daytime Telephone

(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: OR District: 03 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☐ Annual (May 15) | ☑ Amendment | ☐ Termination — Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
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| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ No ☑ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
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| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | |

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# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer



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| | Mutual Beacon | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | NA |
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| | Aetna Money Market Fund | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | NA |
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| | Oregon Public School Employee Retirement Account | $250,001 - $500,000 | NA | NA | NA |
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| | Melissa Anne Apartments, LLC 7720 E. Burnside, Portland, OR | $50,001 - $100,000 | RENT | $5,001 - $15,000 | NA |
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## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| 510-6th Street SE Apt. B Washington DC | $100,001 - $250,000 | RENT | $5,001 - $15,000 | NA |
| Bank of America (money market) | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | NA |
| Schwab Money Market Fund | $1,001 - $15,000 | INTEREST | $201 - $1,000 | NA |
| Japan (Scudder) Fund | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | NA |
| Schwab 1000 | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | NA |
| Schwab Small Cap | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | NA |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| Calvert Social Balanced | $1,001 - $15,000 | DIVIDENDS | $1,001 - $2,500 | P |
| Powell Gardens, 3410 SE 33rd Portland, OR | $50,001 - $100,000 | RENT | $5,001 - $15,000 | NA |
| Oak Street Rowhouse 1309 SE Oak Portland, OR | $100,001 - $250,000 | RENT | NONE | NA |
| Congressional Credit Union | $1,001 - $15,000 | INTEREST | $201 - $1,000 | NA |
| Glisan Townhomes, 1517 NE 8th Portland, OR | $1,001 - $15,000 | RENT | $1 - $200 | NA |
| Chelsea Court, 130 NW 19th Ave., Portland, OR | $15,001 - $50,000 | RENT | $1,001 - $2,500 | NA |

## SCHEDULE IV - TRANSACTIONS

Name: Earl Blumenauer



**Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.**

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Chelsea Court Apts.<br>130 NW 19th Ave.<br>Portland, OR | P | 06-20-00 | $15,001 - $50,000 |

## SCHEDULE V - LIABILITIES

Name Earl Blumenauer



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Mellon Bank | mortgage, 1309 SE Oak Portland, OR | $100,001 - $250,000 |
| | Continental | mortgage, 7720 E. Burnside Portland, OR | $15,001 - $50,000 |
| | West One Bank | mortgage, 3701-3705 SE 35th Place Portland, OR | $15,001 - $50,000 |
| | private note with J.D. Holm, previous owner | mortgage, 3803 SE 35th Portland, OR | $15,001 - $50,000 |
| | First Security Bank, Portland OR | mortgage, 1517 NE 8th Portland, OR | $15,001 - $50,000 |
| | Mellon Bank | mortgage, 510 SE 6th Washington, DC | $100,001 - $250,000 |
| | private note, DE Sprinkling | mortgage, 2441 NE Weidler | $100,001 - $250,000 |
| | Chelsea Court Apts. | mortgage, 130 NW 19th Ave., Portland, OR | $15,001 - $50,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Earl Blumenauer



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Lincoln Land Institute | Jan. 14-Jan. 16 | Phoenix, AZ | Y | Y | N | None |
| University of California Berkley College of Environmental Design | Feb. 24-Feb.25 | Berkley, CA | Y | Y | N | None |
| Virginia American Planning Association | Mar. 27 | Norfolk, VA | N | Y | N | None |
| DLC Spring Retreat | Apr. 28-Apr. 30 | New Orleans, LA | Y | Y | N | None |
| Boulder County Democratic Party | Apr. 15-Apr. 16 | Boulder, CO | Y | Y | N | None |
| American Planning Association | Apr. 16-Apr. 19 | New York, NY | N | Y | N | None |
| Lincoln Land Institute | June 23-June 26 | Boston, MA | Y | Y | N | None |
| Rail~Volution | Oct. 5-Oct. 7 | Denver, CO | Y | N | N | None |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED
2001 MAY 15 AM 9:35
THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

(8)

Roy Blunt
(Full Name)

P.O. Box 278
(Mailing Address)

417-889-1800
Daytime Telephone

Strafford, MO 65757

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Mo District: 7 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Do you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Roy Blunt | May 8, 2001 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | U.S. House of Representatives | salary | 140,916.67 |
| | Wilson's Creek NATIONAL BATTLEFIELD FOUNDATION Spfld, Mo | Spouses Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

| Name | Page 3 of 6 |
|---|---|
| Blunt, Roy | |

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| Edward Jones 12555 Manchester Road St. Louis, Missouri 63131 | Speech | 5/15/00 | |
| Contribution: MO Prison Fellowship Jefferson City, MO 65110 | | | 2000.00 |

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Sharon

## U.S. House of Representatives

## REPORT OF CHARITABLE CONTRIBUTION IN LIEU OF HONORARIUM BY A REGISTERED LOBBYIST

A Member, Officer, or employee of the House of Representatives who asks a registered lobbyist to make a contribution to a charitable organization in lieu of paying an honorarium must complete this form and file it with the Clerk of the House of Representatives within 30 days after the request. The Clerk shall make this information public as soon as possible after it is filed.

NAME OF LOBBYIST MAKING THE CONTRIBUTION: Michael ESSER
EDWARD JONES

ADDRESS OF LOBBYIST: 12555 MANCHESTER Rd.
ST. LOUIS, MO 63131

DATE OF CONTRIBUTION: MAY 15, 2000

AMOUNT OF CONTRIBUTION: $2000.

NAME OF CHARITABLE ORGANIZATION: PRISON Fellowship
JANICE WEBB, DIRECTOR

ADDRESS OF CHARITABLE ORGANIZATION: PO BOX 105121
JEFFERSON CITY, MO 65110

NAME OF MEMBER, OFFICER OR EMPLOYEE: ROY BLUNT
(please print or type)

SIGNATURE OF MEMBER OFFICER OR EMPLOYEE: Roy Blunt DATE: 5/18/00

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period; and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| | | | Block B: None | A: $1 - $1,000 | B: $1,001 - $15,000 | C: $15,001 - $50,000 | D: $50,001 - $100,000 | E: $100,001 - $250,000 | F: $250,001 - $500,000 | G: $500,001 - $1,000,000 | H: $1,000,001 - $5,000,000 | I: $5,000,001 - $25,000,000 | J: $25,000,001 - $50,000,000 | K: Over $50,000,000 | L: | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other: Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: None | I: $1 - $200 | II: $201 - $1,000 | III: $1,001 - $2,500 | IV: $2,501 - $5,000 | V: $5,001 - $15,000 | VI: $15,001 - $50,000 | VII: $50,001 - $100,000 | VIII: $100,001 - $1,000,000 | IX: $1,000,001 - $5,000,000 | X: Over $5,000,000 | XI | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* | SP Mega Corp Stock | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | X | | | |
| JT | | Commercial Bldg 113 Pine St Stratford | | | | X | | | | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| JT | | 10 acres Blumfornda Blvd Stratford | | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | | WALMART Stores - Stock | | | X | | | | | | | | | | | X | | | | | | | X | X | | | | | | | | | | |
| SP | | Churchill Coffee | | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | | Churchill Coffee | | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | | Guaranty Fed BANK SHARES | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | | HARTFORD MUTUAL FUND | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | DAIRY FARMERS OF AMER KANSAS CITY, MO. | 4/10 | KANCITY → WASH.DC | N | N | N | N |

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6/99

# U.S. House of Representatives
## MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with House Rule 26, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk shall make these forms available to the public as soon as possible after they are filed. *Provide a good faith estimate of all expenses.*

NAME OF MEMBER OR OFFICER (PRINT OR TYPE): Roy BLUNT

NAME OF ACCOMPANYING FAMILY MEMBER: _____

RELATIONSHIP TO MEMBER OR OFFICER (CHECK ONE): ____spouse ___ child

DATES OF TRAVEL: APRIL 10, 2000

DATES AT PERSONAL EXPENSE: _____

DESTINATION(S): KANSAS City - WASHINGTON DC

SPONSOR (WHO PAID FOR THE TRIP): DAIRY FARMERS of AMERICA, INC.

PURPOSE OF TRIP: Speaker AT DFA ANNUAL Meeting

TOTAL TRANSPORTATION EXPENSES:

For Member or Officer: $881

For accompanying spouse or child: _____

TOTAL LODGING EXPENSES:

For Member or Officer: _____

For accompanying spouse or child: _____

TOTAL MEAL EXPENSES:

For Member or Officer: _____

For accompanying spouse or child: _____

TOTAL OF ALL OTHER EXPENSES:

For Member or Officer: _____

For accompanying spouse or child: _____

I have determined that all of the expenses listed above were necessary and that travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: Roy Blunt DATE: 4/20/00

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 2/6/96 | Roy Blunt/Southwest BAPTIST UNIVERSITY | leave of absence - Associate Professor of History |
| | | " for govt. service - periodic review |
| | | maintain status in retirement plan |
| | | |
| | | |
| | | |



**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

Sherwood L. Boehlert (Full Name)

2246 Rayburn Building (Mailing Address)

Washington DC 20515

202-225-3665 (Daytime Telephone)

LEGISLATIVE RESOURCE CENTER (9)
2001 MAY 15 PM 6:13
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC (Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: NY District: 23 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Sherwood Boehlert | 5/15/01 |

Name [illegible] | Page 1 of

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| Examples | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (501 2nd) | Speaker Speech | $1,000 |
| | Ontario County Board of Education | Speaker Salary | N/A |
| | NONE | | |

For payments to charity in lieu of honoraria, use Schedule II.

| Name Sherwood Boehlert | Page 2 of |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | BLOCK A | | BLOCK B | BLOCK C | BLOCK D | BLOCK E |
|---|---|---|---|---|---|---|
| | | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| SP | | SP | Mega Corp Stock | X | X | P |
| DC | *Examples:* | | Simon & Schuster | | | |
| JT | | | 1st Bank of Paducah, KY accounts | X | X | |
| | | | Indefinite | | Royalties | |
| JT | NBT Common Stock | | X | X | X | |
| JT | Utica Baseball Club Limited Partnership | | X | | X | |
| JT | Metronic Common Stock | | X | X | X | |
| | New Economy Fund (IRA) | | X | | N/A | |
| SP | New Economy Fund (IRA) | | X | | N/A | |
| JT | Putnam Capital Appreciation Fund | | X | X X | X | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sherwood Boehlert Page 4 of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Putnam International Growth | | | X | | | | | | | | | | X | | | X | | | | | | | | | | | | | | | S |
| JT | Putnam Int. Growth & Income | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| JT | Putnam Voyager II | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| JT | Cisco Common | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | EBAY | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | S |
| JT | Amazon | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | S |
| JT | Sun Microsystems | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | Telergy | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | ORACLE | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name Sherwood Boehlert | Page 5 of

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | Putnam International Growth | | X | | 3/31; 5/2 6/13 | | | X | | | | | | | |
| JT | Putnam Voyager | | X | | 3/31 6/13 7/5 | | | X | | | | | | | |
| JT | Amazon | | X | | 12/22 | X | | | | | | | | | |
| JT | EBAY | | X | | | X | | | | | | | | | |

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Name Sherwood Boehlert | Page 6 of ___

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | NONE | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | | Description | Value |
|---|---|---|---|
| *Example:* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| NONE | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| NONE | | | | | | | |

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Name Sherwood Boehlert | Page 8 of ___

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Limited Partner | Utica Baseball Club |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |

GPO: 2001 70-729 (mac)

**Use additional sheets if more space is required.**

SHERWOOD BOEHLERT
23D DISTRICT, NEW YORK
COMMITTEES:
CHAIR, HOUSE COMMITTEE ON SCIENCE
TRANSPORTATION AND INFRASTRUCTURE
HOUSE PERMANENT SELECT COMMITTEE ON INTELLIGENCE
U.S. DELEGATION: NORTH ATLANTIC ASSEMBLY
CHAIRMAN, NORTHEAST AGRICULTURE CAUCUS
CHAIRMAN, MINOR LEAGUE BASEBALL CAUCUS

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–3223

WASHINGTON OFFICE:
2246 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3223
(202) 225-3665
Fax: (202) 225-1891
E Mail: rep.boehlert@mail.house.gov
CENTRAL OFFICE
ALEXANDER PIRNIE FEDERAL BUILDING
10 BROAD STREET
UTICA, NY 13501
(315) 793-8146
Fax: (315) 798-4099
TOLL FREE: 1-800-235-2525

LEGISLATIVE RESOURCE CENTER
2001 MAY 31 PM 4:28
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC

Memorandum

To: The Clerk, U.S. House of Representatives; Legislative Resource Center

From: Congressman Sherwood Boehlert

Date: May 31, 2001

Re: Amendment to Financial Disclosure Statement for Calendar Year 2000

---

Under Schedule IV - Transactions, of my Year 2000 Financial Disclosure Statement, I would like to add as an amendment two stocks purchased which cost over $1,001 but did not exceed $15,000. The stocks were Oracle and Telergy. Both stocks are jointly held (JT).

Thank you for adding this as an amendment to my most recent Financial Disclosure. If you have any questions please contact my Executive Assistant, John Konkus at 202-225-3665.

Sherwood L. Boehlert
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees

(13)

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 12: 02
(Office Use Only)

John A. Boehner
(Full Name)

7371 Charter Cup Lane West Chester, OH 45069
(Mailing Address)

202-225-6205
Daytime Telephone

MC

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S House of Representatives | State: OH District 8 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☑ No ☐ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | John A. Boehner | 5/15/2001 |

## SCHEDULE I - EARNED INCOME

**Name** John A Boehner

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Sibcy Cline Real Estate | Spouse Commission | N/A |

## SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

**Name** John A. Boehner

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| NONE | | | |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John A Boehner

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see Instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Nucite Sales, Inc | $500,001 - $1,000,000 | Dividends | 100,001-1,000,000 | N/A |
| Nucite Sales, Inc Pension Plan Trust | $500,001 - $1,000,000 | N/A | N/A | N/A |
| Nucite Sales, Inc Profit Sharing Trust | $500,001 - $1,000,000 | N/A/ | N/A | N/A |
| State of Ohio Deferred Compensation Plan | $100,001 - $250,000 | N/A/ | N/A | N/A |
| State of Ohio Public Employee Retirement System | $15,001 - $50,000 | N/A/ | N/A | N/A |
| Wright Patman Congressional Federal Credit Union | $100,001 - $250,000 | Interest | $2500-$5000 | N/A |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name: John A. Boehner

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| First National Bank of Southwest Ohio | $15,001 - $50,000 | Interest | $201 - $1,000 | N/A |
| American Funds EuroPacific Growth Fund | $100,001 - $250,000 | Dividends and Capital Gains | $201-$1000 | N/A |
| American Funds Small Cap. World Fund | $50,001 - $100,000 | Dividends and Capital Gains | NONE | N/A |
| Victory Small Co. Opportunity Mutual Fund | $100,001 - $250,000 | None | N/A | N/A |
| Victory Diversified Mutual Fund | $50,001 - $100,000 | Dividends and Capital Gains | $1,001 - $2,500 | N/A |
| Ohio Municipal Cash Trust Mutual Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | N/A |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John A. Boehner

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Rolling Ridge Associates Real Estate Limited Partnership | $1,001 - $15,000 | Interest/Dividends | $2,501 - $5,000 | N/A |
| 7908 Cincinnati-Dayton Road, Suite 1, West Chester, Ohio-Office Building | $100,001 - $250,000 | Rent | $15,001 - $50,000 | N/A |
| Farm Property, Pantego, North Carolina | $1,001 - $15,000 | Rent | $201 - $1,000 | N/A |
| First Financial BanCorp. | $5,001-$15,000 | Dividends | $1 - $200 | P. |

## SCHEDULE IV - TRANSACTIONS

Name John A. Boehner

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | First Financial BanCorp. | P. | Jan. 2000 | $1,001 - $15,000 |
| | American Funds EuroPacific Growth Fund | P. | Various | $201-$1000 |
| | Victory Diversified Mutual Fund | P. | Various | $1,001 - $15,000 |

## SCHEDULE V - LIABILITIES

Name John A Boehner

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibiling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Bank One, Middletown, Ohio | Mortgage on Cincinnati-Dayton Road Property | $10,001 - $15,000 |

## SCHEDULE VI - GIFTS

| Name | John A. Boehner | |
|---|---|---|

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| NONE | | |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John A. Boehner

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| International Dairy Foods Association | Jan 8-13 | Cincinnati, OH-Palm Springs, CA | Y | Y | Y | N |
| National Aggregates Association | Jan 17-19 | Palm Springs, CA- Phoenix, AZ | Y | Y | N | N |
| Food Marketing Institute | Jan 22-25 | Phoenix, AZ-Cincinnati, OH | Y | Y | N | N |
| Aspen Institute | Jan 28-29 | Washington, DC-Queenstown, MD | Y | Y | N | N |
| | | | | | | N |
| | | | | | | N |
| U.S. Telecom Assoc. | Feb. 20-22 | No travel expense | Y | Y | N | N |
| MetLife | Feb. 24-27 | Palm Springs, CA-Orlando, FL-Cincinnati, OH | Y | Y | N | N |
| Futures Industry Assoc. | Mar 16-19 | Washington, DC-Boca Raton, FL-Washington, DC | Y | Y | Y | N |
| CSX Corporation | Sept 2-5 | Hamilton, OH-Greenbrier, WV-Hamilton, OH | Y | Y | Y | N |
| Cigar Manufacturers Assoc. | Nov 16-19 | Cincinnati, OH-Tucson, AZ-Cincinnati, OH | Y | Y | N | N |
| Ripon Education Fund | Nov 24-30 | Cincinnati, OH-Rome, Italy | Y | Y | Y | N |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John A Boehner

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Congressional Economic Leadership Institute | Dec 1-3 | Rome, Italy-Venice, Italy-Cincinnati, OH | Y | Y | Y | N |

## SCHEDULE VIII - POSITIONS

Name John A. Boehner

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Officer-Non Comp. | Nucite Sales, Inc. |
| Limited Partner | Nucite Sales LP |
| Limited Partner | Rolling Ridge Associates |

# SCHEDULE IX - AGREEMENTS

**Name** John A. Boehner

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| N/A | Nucite Sales, Inc. Pension Plan and Profit Sharing Plans | Continued interest, no additional contribution |
| N/A | State of Ohio Pension and Deferred Compensation Plans | Continued interest, no additional contribution |
| N/A | Nucite Sales, LP | Limited Partnership |

JOHN A. BOEHNER
OHIO
COMMITTEES
EDUCATION AND THE WORKFORCE
CHAIRMAN
AGRICULTURE
VICE-CHAIRMAN

INSIDE MAIL

WASHINGTON OFFICE
1011 LONGWORTH HOUSE OFFICE BLDG
WASHINGTON, DC 20515-3508
(202) 225-6205
DISTRICT OFFICES
8200 BECKETT PARK DRIVE, SUITE 202
HAMILTON, OH 45011
(513) 870-0300
12 SOUTH PLUM [illegible]
TROY, OH 45373
(937) [illegible]524
DISTRICT TOLL-FREE NUMBER
1-800-[illegible]001

LEGISLATIVE RESOURCE
2001 JUN -8 PM 4:04
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives

June 7, 2001

MC

The Honorable Joel Hefley
Chairman
House Committee on Standards of Official Conduct
Washington, DC 20515

Dear Mr. Chairman,

It has come to my attention that my financial disclosure statement that was filed on May 15, 2001, contained an error. Please substitute this statement for the original disclosure statement.

Please feel free to call on me if you have any questions.

Sincerely,

John A. Boehner

John A. Boehner

LEGISLATIVE RESOURCE CENTER
2001 JUN -8 PM 4:04
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U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL

# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



(Office Use Only)

John A. Boehner
(Full Name)

7371 Charter Cup Lane West Chester, OH 45069
(Mailing Address)

202-225-6205
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: OH District: 8 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☐ Annual (May 15) | ☑ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☑ No ☐ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | John A. Boehner | June 7, 2001 |

## SCHEDULE I - EARNED INCOME

**Name** John A. Boehner



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Sibcy Cline Real Estate | Spouse Commission | N/A |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John A. Boehner



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Nucite Sales, Inc | $500,001 - $1,000,000 | Dividends | 100,001-1,000,000 | N/A |
| Nucite Sales, Inc Pension Plan Trust | $500,001 - $1,000,000 | N/A | N/A | N/A |
| Nucite Sales, Inc Profit Sharing Trust | $500,001 - $1,000,000 | N/A/ | N/A | N/A |
| State of Ohio Deferred Compensation Plan | $100,001 - $250,000 | N/A/ | N/A | N/A |
| State of Ohio Public Employee Retirement System | $15,001 - $50,000 | N/A/ | N/A | N/A |
| Wright Patman Congressional Federal Credit Union | $100,001 - $250,000 | Interest | $2500-$5000 | N/A |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John A. Boehne



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| First National Bank of Southwest Ohio | $15,001 - $50,000 | Interest | $201 - $1,000 | N/A |
| American Funds EuroPacific Growth Fund | $100,001 - $250,000 | Dividends and Capital Gains | $201-$1000 | N/A |
| American Funds Small Cap. World Fund | $50,001 - $100,000 | Dividends and Capital Gains | NONE | N/A |
| Victory Small Co. Opportunity Mutual Fund | $100,001 - $250,000 | None | N/A | N/A |
| Victory Diversified Mutual Fund | $50,001 - $100,000 | Dividends and Capital Gains | $1,001 - $2,500 | N/A |
| Ohio Municipal Cash Trust Mutual Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | N/A |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John A. Boehner



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Rolling Ridge Associates, Real Estate Limited Partnership, owns Rolling Ridge Apts., Montana Ave., Cincinnati, Ohio | $1,001 - $15,000 | Interest/Dividends | $2,501 - $5,000 | N/A |
| 7908 Cincinnati-Dayton Road, Suite 1, West Chester, Ohio-Office Building | $100,001 - $250,000 | Rent | $15,001 - $50,000 | N/A |
| Farm Property, Pantego, North Carolina | $1,001 - $15,000 | Rent | $201 - $1,000 | N/A |
| First Financial BanCorp. | $5,001-$15,000 | Dividends | $1 - $200 | P |

## SCHEDULE IV - TRANSACTIONS

Name John A. Boehner



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | First Financial BanCorp. | P. | Jan. 2000 | $1,001 - $15,000 |
| | American Funds EuroPacific Growth Fund | P. | Various | $201-$1000 |
| | Victory Diversified Mutual Fund | P. | Various | $1,001 - $15,000 |

## SCHEDULE V - LIABILITIES

Name John A. Boehner



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Bank One, Middletown, Ohio | Mortgage on Cincinnati-Dayton Road Property | $10,001 - $15,000 |

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John A. Boehner



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| International Dairy Foods Association | Jan 8-13 | Cincinnati, OH-Palm Springs, CA | Y | Y | Y | 1 day |
| National Aggregates Association | Jan 17-19 | Palm Springs, CA- Phoenix, AZ | Y | Y | N | N |
| Food Marketing Institute | Jan 22-25 | Phoenix, AZ-Cincinnati, OH | Y | Y | N | N |
| Aspen Institute | Jan 28-29 | Washington, DC-Queenstown, MD | Y | Y | N | N |
| | | | | | | N |
| | | | | | | N |
| U.S. Telecom Assoc. | Feb. 20-22 | No travel expense | Y | Y | N | N |
| MetLife | Feb. 24-27 | Palm Springs, CA-Orlando, FL-Cincinnati, OH | Y | Y | N | N |
| Futures Industry Assoc. | Mar 16-19 | Washington, DC-Boca Raton, FL-Washington, DC | Y | Y | Y | N |
| CSX Corporation | Sept 2-5 | Hamilton, OH-Greenbrier, WV-Hamilton, OH | Y | Y | Y | N |
| Cigar Manufacturers Assoc. | Nov 16-19 | Cincinnati, OH-Tucson, AZ-Cincinnati, OH | Y | Y | N | N |
| Ripon Education Fund | Nov 24-30 | Cincinnati, OH-Rome, Italy | Y | Y | Y | N |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John A. Boehner



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Congressional Economic Leadership Institute | Dec 1-3 | Rome, Italy-Venice, Italy-Cincinnati, OH | Y | Y | Y | N |

## SCHEDULE VIII - POSITIONS

Name John A. Boehner



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Officer-Non Comp. | Nucite Sales, Inc. |
| Limited Partner | Nucite Sales LP |
| Limited Partner | Rolling Ridge Associates |

# SCHEDULE IX - AGREEMENTS

**Name** John A. Boehne



Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| N/A | Nucite Sales, Inc. Pension Plan and Profit Sharing Plans | Continued interest, no additional contribution |
| N/A | State of Ohio Pension and Deferred Compensation Plans | Continued interest, no additional contribution |
| N/A | Nucite Sales, LP | Limited Partnership |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A

For use by Members, officers, and employees

01 MAY 15 PM 5:53

(15)

HAND DELIVERED

(Office Use Only)

Henry Bonilla

(Full Name)

19 Sanctuary San Antonio, TX 78348

(Mailing Address)

Daytime Telephone

**Filer Status** ☐ Member of the U S House of Representatives State District ☐ Officer Or Employee Employing Office.

**Report Type** ☐ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☑ No ☐ | |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | |
| VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ | |
| VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ | |
| VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☐ No ☑ | |
| IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ | |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | | 5-15-01 |

Name Henry Bonilla | Page 1 of 1

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State<br>State of Maryland<br>Civil War Roundtable (Oct. 2nd)<br>Ontario County Board of Education | Approved Teaching Fee<br>Legislative Pension<br>Spouse Speech<br>Spouse Salary | $10,000<br>$9,000<br>$1,000<br>NA |
| | Belo Management Services | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

# SCHEDULE II - PAYMENTS IN LIEU OF HON

Na Henry Bonilla

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Council for Opportunity in Education, Wash., D.C. | Speech | Sept. 19, 2000 | $2,000 |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.<br><br>**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. | For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
| SP<br>DC *Examples:* SP Mega Corp. Stock<br>JT 123 Main St., Dover, Del.<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| JT USAA Income Stock Fund | $1.001 - $15.000 | Capital Gains and Dividends | $201 - $1.000 | NA |
| JT USAA Federal Savings Bank | $15.001 - $50.000 | Interest | $201 - $1.000 | NA |
| JT USAA Life Insurance Company | $50.001 - $100.000 | Interest | $2.501 - $5.000 | NA |
| JT Aether Systems Inc | $1.001 - $15.000 | None | None | P |
| JT Autodesk Inc | $15.001 - $50.000 | Dividends | $201 - $1.000 | P |
| JT CMS Energy Corp | $15.001 - $50.000 | Dividends | $1.001 - $2.500 | NA |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| JT | DST Systems Inc DEL | $50.001 - $100.000 | None | None | NA |
| JT | EMC Corporation Mass | $250.001 - $500.000 | None | None | NA |
| JT | Harte-Hanks Inc DEL | $100.001 - $250.000 | Dividends | $201 - $1.000 | NA |
| JT | Pinnacle West Cap Corp | $15.001 - $50.000 | Dividends | $1.001 - $2.500 | NA |
| JT | Symbol Technologies Dela | $15.001 - $50.000 | Dividends | $1 - $200 | NA |
| JT | Therma Wave Inc | $1.001 - $15.000 | None | None | P |
| JT | Trigon Healthcare Inc | $50.001 - $100.000 | None | None | NA |
| JT | Yahoo Inc Cal | $1.001 - $15.000 | None | None | NA |
| JT | ML Media Partners LP 86 | $15.001 - $50.000 | Interest | None | NA |
| JT | Amgen Inc Com | None | Capital Gains | $5.001 - $15.000 | S |
| JT | Tellabs Inc Del | None | Capital Gains | $15.001 - $50.000 | S |
| SP | Applied Micro Circuits | $50.001 - $100.000 | None | None | P |
| SP | Aether Systems Inc | $15.001 - $50.000 | None | None | P |
| SP | Ariba Inc | $1.001 - $15.000 | None | None | P |
| SP | Analog Devices Inc | $15.001 - $50.000 | None | None | NA |
| SP | Broadcom Corp | $15.001 - $50.000 | None | None | NA |
| SP | Biomet Inc | $15.001 - $50.000 | Dividends | $1 - $200 | P |
| SP | Brinker Intl Inc | $15.001 - $50.000 | None | None | NA |
| | | | | | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| SP | CMS Energy Corp | $1.001 - $15.000 | Dividends | $201 - $1.000 | NA |
| SP | Cisco Systems | $50.001 - $100.000 | None | None | NA |
| SP | EMC Corporation Mass | $50.001 - $100.000 | None | None | NA |
| SP | Finisar Corp | $15.001 - $50.000 | None | None | P |
| SP | IDEC Pharmctls | $15.001 - $50.000 | None | None | P |
| SP | Linear Technology Corp | $15.001 - $50.000 | Dividends | $1 - $200 | P |
| SP | Mercury Interactive Corp | $50.001 - $100.000 | None | None | NA |
| SP | Mid Atlantic Med Svcs | $50.001 - $100.000 | None | None | P |
| SP | Microchip Technology Inc | $15.001 - $50.000 | None | None | P |
| SP | 99 Cents Only Stores | $15.001 - $50.000 | None | None | NA |
| SP | Offshore Logistics | $15.001 - $50.000 | None | None | P |
| SP | PMC Sierra Inc | $15.001 - $50.000 | None | None | NA |
| SP | Palm Inc | $15.001 - $50.000 | None | None | P |
| SP | SCI Sys Inc | $15.001 - $50.000 | None | None | P |
| SP | Sabre Holdings | $15.001 - $50.000 | None | None | NA |
| SP | Sun Microsystems Inc. | $15.001 - $50.000 | None | None | NA |
| SP | Transwitch Corp | $15.001 - $50.000 | None | None | P |
| SP | Veritas Software | $15.001 - $50.000 | None | None | P |
| SP | Verisign Inc | $15.001 - $50.000 | None | None | P |
| | | | | | |

## SCHEDULE III – ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| [illegible] | Cognitive Group Inc | $15,001 - $50,000 | None | None | OG |
| [illegible] | Cisco Technology Inc | $1,001 - $15,000 | None | None | F |
| [illegible] | Mechanical Corp | $15,001 - $50,000 | None | None | F |
| [illegible] | BOB Software Inc | None | Capital Gains | $15,001 - $15,000 | S |
| [illegible] | Apartment Inv & Mgmt Co | None | Capital Gains and Dividends | $2,501 - $5,000 | S |
| [illegible] | Archstone Communities Tr | None | Dividends | $1 - $200 | S |
| [illegible] | Boston PPTY's Inc | None | Dividends | $1 - $200 | S |
| [illegible] | Colonial PPTY's | None | Dividends | $1 - $200 | S |
| [illegible] | CMS Energy Corp | $15,001 - $50,000 | Dividends | $201 - $1,000 | OG |
| [illegible] | Consumer Edge Inc | $1,001 - $15,000 | Dividends | $201 - $1,000 | F |
| [illegible] | Highwoods PPTY's Inc | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | F |
| [illegible] | Kimco Realty Corp | $1,001 - $15,000 | Dividends | $201 - $1,000 | OG |
| [illegible] | Colonial PPTY's | None | Dividends | $1 - $200 | S |
| [illegible] | Chelsea GCA Realty Inc | None | Dividends | $1 - $200 | S |
| [illegible] | CMS Energy Corp | $1,001 - $15,000 | Dividends | $201 - $1,000 | OG |
| [illegible] | Home Banks Inc | $1,001 - $15,000 | Dividends | $1 - $200 | OG |
| [illegible] | Post Properties | None | Dividends | $201 - $1,000 | S |
| [illegible] | Developers Diversified Realty | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | F |
| | | | | | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| DC | Hrpt Pptys | $1.001 - $15.000 | Dividends | $1.001 - $2.500 | P |
| DC | Storage USA Inc | $1.001 - $15.000 | Dividends | $1.001 - $2.500 | P |
| DC | Vornado Realty Trust | $15.001 - $50.000 | Dividends | $201 - $1.000 | P |
| DC | Duke Weeks Rlty Corp | None | Capital Gains and Dividends | $2.501 - $5.000 | P AND S |
| DC | Spieker Pptys Inc | None | Capital Gains and Dividends | $1.001 - $2.500 | P AND S |
| DC | Mack Cali Realty Corp | $1.001 - $15.000 | Dividends | $1.001 - $2.500 | P |
| DC | Mission West Pptys | $1.001 - $15.000 | Dividends | $201 - $1.000 | P |
| DC | Cousins Props Inc | None | Capital Gains and Dividends | $1.001 - $2.500 | S |
| DC | Highwoods Pptys Inc | None | Dividends | $201 - $1.000 | S |
| SP | Dell Computer | None | Capital Gains | $15.001 - $50.000 | S |
| SP | Lexmark Intl Gp In | None | Capital Gains | $15.001 - $50.000 | S |
| SP | Microsoft Corp | None | Capital Gains | $100.001 - $1.000.000 | S |
| SP | Biogen Inc Mass | None | Capital Gains | $5.001 - $15.000 | S |
| SP | Tellabs Inc | None | Capital Gains | $15.001 - $50.000 | S |

Name Henry Bonilla | Page 1 of 5

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/1999 | $15,001 - $50,000 |
| JT | Aether Systems Inc | Purchase | 12/21/00 | $1,001 - $15,000 |
| JT | Autodesk Inc | Purchase | 12/21/00 | $15,001 - $50,000 |
| JT | Therma Wave Inc | Purchase | 12/21/00 | $1,001 - $15,000 |
| JT | Amgen Inc | Sold | 10/06/00 | $15,001 - $50,000 |
| JT | Atmel Corp | Sold | 12/21/00 | $1,001 - $15,000 |
| JT | Foundry Networks Inc | Sold | 12/21/00 | $1,001 - $15,000 |
| JT | Great Plains Software | Sold | 10/06/00 | $1,001 - $15,000 |
| JT | Micromuse Inc | Sold | 12/21/00 | $1,001 - $15,000 |
| JT | PRI Automation Inc | Sold | 12/21/00 | $1,001 - $15,000 |
| JT | Tellabs Inc | Sold | 03/29/00 | $15,001 - $50,000 |
| JT | Atmel Corp | Purchase | 10/06/00 | $15,001 - $50,000 |
| JT | Foundry Networks Inc | Purchase | 10/06/00 | $1,001 - $15,000 |
| JT | Micromuse Inc | Purchase | 03/29/00 | $15,001 - $50,000 |
| JT | PRI Automation Inc | Purchase | 03/29/00 | $15,001 - $50,000 |
| SP | Altera Corp | Purchase | 10/06/00 | $15,001 - $50,000 |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/1999 | $15,001 - $50,000 |
| SP | Altera Corp | Sold | 12/14/00 | $1,001 - $15,000 |
| SP | Cypress Semicndtr | Purchase | 03/29/00 | $15,001 - $50,000 |
| SP | Cypress Semicndtr | Sold | 12/14/00 | $1,001 - $15,000 |
| SP | EMC Corporation Mass | Sold | 12/14/00 | $250,001 - $500,000 |
| SP | Portal Software Inc | Purchase | 10/06/00 | $15,001 - $50,000 |
| SP | Portal Software Inc | Sold | 12/14/00 | $1,001 - $15,000 |
| SP | Waters Corp | Sold | 12/14/00 | $100,001 - $250,000 |
| SP | Applied Micro Circuits | Purchase | 12/21/00 | $50,001 - $100,000 |
| SP | Aether Systems Inc | Purchase | 12/21/00 | $15,001 - $50,000 |
| SP | Ariba Inc | Purchase | 10/06/00 | $15,001 - $50,000 |
| SP | Biomet Inc | Purchase | 12/21/00 | $15,001 - $50,000 |
| SP | Finisar Corp | Purchase | 12/21/00 | $15,001 - $50,000 |
| SP | IDEC Pharmctls | Purchase | 12/21/00 | $15,001 - $50,000 |
| SP | Linear Technology Corp | Purchase | 12/21/00 | $15,001 - $50,000 |
| SP | Mid Atlantic Med Svcs | Purchase | 03/29/00 | $15,001 - $50,000 |
| SP | Microchip Technology Inc | Purchase | 10/06/00 | $15,001 - $50,000 |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| *Example:* | Mega Corporation Common Stock | Purchase | 10/12/1999 | $15,001 - $50,000 |
| SP | Offshore Logistics | Purchase | 12/21/00 | $15,001 - $50,000 |
| SP | Palm Inc | Purchase | 12/21/00 | $15,001 - $50,000 |
| SP | SCI Sys Inc | Purchase | 12/21/00 | $15,001 - $50,000 |
| SP | Transwitch Corp | Purchase | 03/29/00 | $15,001 - $50,000 |
| SP | Veritas Software | Purchase | 12/21/00 | $15,001 - $50,000 |
| SP | Verisign Inc | Purchase | 12/21/00 | $50,001 - $100,000 |
| SP | Vitria Technology Inc | Purchase | 10/06/00 | $15,001 - $50,000 |
| SP | Webtrends Corp | Purchase | 12/21/00 | $15,001 - $50,000 |
| DC | Apartment Invt & Mgmt Co | Sold | 12/21/00 | $1,001 - $15,000 |
| DC | Archstone Communities | Sold | 03/29/00 | $1,001 - $15,000 |
| DC | Boston PPTYS | Sold | 03/29/00 | $1,001 - $15,000 |
| DC | Colonial PPTYS Inc | Sold | 03/29/00 | $1,001 - $15,000 |
| DC | Cousins Props Inc | Purchase | 12/21/00 | $1,001 - $15,000 |
| DC | Highwoods PPTYS Inc | Purchase | 12/21/00 | $1,001 - $15,000 |
| DC | Developers Dvsfd Rlty | Purchase | 03/29/00 | $1,001 - $15,000 |
| | | | | |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| *Example:* | Mega Corporation Common Stock | Purchase | 10/12/1999 | $15,001 - $50,000 |
| DC | Hrpt Pptys | Purchase | 03/29/00 | $1,001 - $15,000 |
| DC | Storage USA | Purchase | 03/29/00 | $1,001 - $15,000 |
| DC | Vornado Realty Trust | Purchase | 03/29/00 | $15,001 - $50,000 |
| DC | Colonial Pptys | Sold | 03/29/00 | $1,001 - $15,000 |
| DC | Chelsea GCA Realty Inc | Sold | 03/29/00 | $1,001 - $15,000 |
| DC | Highwoods Pptys Inc | Sold | 03/29/00 | $1,001 - $15,000 |
| DC | Duke Weeks Rlty Corp | Sold | 12/21/00 | $1,001 - $15,000 |
| DC | Post Properties Inc | Sold | 03/29/00 | $1,001 - $15,000 |
| DC | Spieker Pptys Inc | Sold | 12/21/00 | $1,001 - $15,000 |
| DC | Duke Weeks Rlty Corp | Purchase | 03/29/00 | $1,001 - $15,000 |
| DC | Spieker Pptys Inc | Purchase | 03/29/00 | $1,001 - $15,000 |
| DC | Cousins Props Inc | Sold | 03/29/00 | $1,001 - $15,000 |
| DC | Mack Cali Realty Corp | Purchase | 12/21/00 | $1,001 - $15,000 |
| DC | Mission West Pptys Inc | Purchase | 12/21/00 | $1,001 - $15,000 |
| SP | BMC Software Inc | Sold | 03/29/00 | $15,001 - $50,000 |
| SP | Dell Computer | Sold | 03/29/00 | $15,001 - $50,000 |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| *Example:* | Mega Corporation Common Stock | Purchase | 10/12/1999 | $15,001 - $50,000 |
| SP | Flexsteel Inds Inc | Sold | 03/29/00 | $1,001 - $15,000 |
| SP | Intl Home Foods Inc | Sold | 03/29/00 | $15,001 - $50,000 |
| SP | Lexmark Intl Gp In | Sold | 10/06/00 | $50,001 - $100,000 |
| SP | Mail-Well Inc | Sold | 10/06/00 | $15,001 - $50,000 |
| SP | Microsoft Corp | Sold | 10/06/00 | $100,001 - $250,000 |
| SP | Bergen Brnswig | Sold | 10/06/00 | $1,001 - $15,000 |
| SP | Biogen Inc Mass | Sold | 10/06/00 | $15,001 - $50,000 |
| SP | FDX Corp | Sold | 03/29/00 | $15,001 - $50,000 |
| SP | Tellabs Inc | Sold | 03/29/00 | $15,001 - $50,000 |

# SCHEDULE V - LIABILITIES

Na Henry Bonilla

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| JT | CitibankAadvantage, The Lakes, Nevada | Revolving Charge Account | $10,001 - $15,000 |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expen |
|---|---|---|---|---|---|---|
| *Examples* Chicago Chamber of Commerce<br>Mega Corporation | Mar 2<br>Aug 6-13 | Wash., D.C.-Chicago-Wash., D.C.<br>Wash., D.C.-Los Angeles-Cleveland | N<br>Y | N<br>Y | N<br>Y | N<br>4 Days |
| Texas Farm Bureau | August 28, 2000 | San Antonio-San Angelo-Midland-Dell City-Fort Stockton-San Angelo-San Antonio, Texas | N | N | N | None |

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** 

For use by Members, officers, and employees

01 MAY 15 PM 3:12

HC (6)

HAND DELIVERED

(Office Use Only)

David Edward Bonior
(Full Name)

52 Belleview Mount Clemens, MI 48043
(Mailing Address)

202-225-3130
Daytime Telephone

**Filer Status**: ☑ Member of the U.S. House of Representatives — State: MI District: 10 ☐ Officer Or Employee — Employing Office:

**Report Type**: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☐ No ☑ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | David Bonior | 5-15-01 |

# SCHEDULE II - PAYMENTS IN LIEU OF HO

Na David Edward Bonior



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| The Connell Company | Speech | July 17, 2000 | $2,000 |

# SCHEDULE III - ASSETS AND "U

Na David Edward Bonior



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Wright Patman Cong. FCU | $1 - $1,000 | INTEREST | $1 - $200 | |
| SP | Wright Patman Cong. FCU | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| SP | Wright Patman Cong. FCU | $15,001 - $50,000 | N/A - IRA | N/A - IRA | |
| SP | Evergreen Funds Small Co.Growth Fund | $50,001 - $100,000 | CAPITAL GAINS | $15,001 - $50,000 | P |
| JT | Community Central Bank | $1 - $1,000 | INTEREST | $1 - $200 | |
| JT | Citizens Funds | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | P |

# SCHEDULE IV - TRANSACTIONS

Na David Edward Bonior



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | Evergreen Funds Small Co.Growth Fund Reinvest Capital Gains | P | 11-24-00 | $15,001 - $50,000 |
| JT | Citizens Funds-Working Assets Money Market Fund - Standard Shares | P | 3/20/00 | $1,001 - $15,000 |

# SCHEDULE VII - TRAVEL PAYMENTS

Na David Edward Bonior



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| The Commonwealth Fund - John F. Kennedy School of Government | Jan.20-23 | Member-Wash.D. C.-Miami Spouse - Wash.,D.C.-Miami-Wash.,D.C. | Y | Y | Y | N/A |
| Maritime Trades Dept. And AFL-CIO | Feb. 11-15 | Wash.,D.C. - New Orleans - Wash., D. C. | Y | Y | Y | N/A |
| ADC - American Arab Anti-Discrimination Committee - New Jersey Chapter | Feb. 18-20 | Wash.,D.C. - Newark, NJ - Wash., D. C. | Y | Y | N | N/A |
| Center for Latin American Studies - University of California - Berkeley | Feb. 24-28 | Miami, Fl.-San Francisco - Detroit | Y | Y | Y Lodging & Food only - Not Travel | 1 Day |
| Americans for Peace in South Asia - Pakistan and Anant Education & Rural Development Fund - India &Kashmir | April 21-27 | Detroit-Pakistan-India-Kashmir-Detroit | Y | Y | Y | N/A |
| International Association of Fire Fighters and National Association of Letter Carriers | Aug. 1-2 | New Orleans - Chicago - Detroit | Y | Y | N | N/A |
| Laborer's International Union | Oct. 12 | Wash.,D.C. - New York City - Wash., D. C. | N | N | N | N/A |
| MAYA (Muslim American Youth Association) | Dec. 22-23 | Wash.,D.C. - Chicago - Wash., D. C. | Y | Y | N | N/A |

# SCHEDULE VIII - POSITIONS

Na David Edward Bonior



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Trustee | Gallaudet University |
| Advisory Board Member | Flagler College - Center on Government and Public Policy |

FORM A

# FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

For use by Members, officers, and employees

HAND DELIVERED

(13)

LEGISLATIVE RESOURCE CENTER

2001 MAY 15 PM 5:31

(Office Use Only)

MARY BONO
(Full Name)

64505 VIA AMANTE
(Mailing Address)

PALM SPRINGS CA 92264

Daytime Telephone: (202) 225-5330

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: CA District: 44 | [ ] Officer or Employee — Employing Office: HR/MEMBER SERVICES |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | X Mary Bono | 5/10/01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| *Examples* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct 2nd) | Spouse Speech | $1 000 |
| Ontario County Board of Education | Spouse Salary | NA |
| AFTRA RETIREMENT FUND | SPOUSE PENSION | 6,890 |
| AFTRA RETIREMENT FUND | SPOUSE PENSION | 43,173 |

For payments to charity in lieu of honoraria, use Schedule II.

Name MARY BONO

Page 2 of 9

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | | | | |
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Name



## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

| SP, DC, JT | Block A | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples:* | SP | Mega Corp Stock | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC | | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | UNION BANK OF CA | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | CONGRESSIONAL UNION CREDIT | X | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | MERRILL LYNCH BANK ADVANTAGE | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | MERRILL LYNCH CMA | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | EQUITY INC.-S&P 500 | | | | | X | | | | | | | | X | | | X | | | | | | | | | X | | | | | | |
| | MERRILL LYNCH-see attached MUNI BONDS | | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

Name MARY BONO



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transactio P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | STANDARD & POORS | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | FING CORP. STRIPS-IRA | | | | | | X | | | | | | | PAID ON MATURITY | | | | | | | PAID ON MATURITY | | | | | | | | | | | |
| | ML BIT RASP. -IRA | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | STANDARD & POORS-IRA | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | EQUITY INC. S&P 500-IRA | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | BONO COLLECTION TRUST | | | | | | | X | | | | | | | | | | | | ROYALTY | | | | | | | | X | | | | |
| | PAUL BROWNSTEIN PROD. | X | | | | | | | | | | | | | | | | | | ROYALTY | | | | | X | | | | | | | |
| | WALT DISNEY | X | | | | | | | | | | | | | | | | | | ROYALTY | | | X | | | | | | | | | |
| | WARNER MUSIC | X | | | | | | | | | | | | | | | | | | ROYALTY | | | | | X | | | | | | | |
| DC | UNION BANK OF CALIFORNIA | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| DC | UNION BANK OF CALIFORNIA | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| DC | ML BANKING ADVANTAGE | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| DC | ML CMA/READY ASSET | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| DC | CATS SERIES- R BOND | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| DC | FED HM LOAN MORTGAGE | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| DC | STANDARD & POORS | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| DC | BONO COLLECTION TRUST | | | | | | X | | | | | | | | | | | | | ROYALTY | | | | | | | | X | | | | |
| DC | PAUL BROWNSTEIN PROD. | X | | | | | | | | | | | | | | | | | | ROYALTY | | | | | X | | | | | | | |
| DC | EQUITY INC.-S&P 500 | | | | X | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | |
| DC | WARNER MUSIC | X | | | | | | | | | | | | | | | | | | ROYALTY | | | | | X | | | | | | | |
| DC | ML BANKING ADVANTAGE | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| DC | ML CMA/READY ASSETS | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name MARY BONO



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENTS | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | FED. HM LN MTG. | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| DC | US TREASURY STRIPS | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| DC | FING CORP STRIPS | | | | X | | | | | | | | | | PAID ON MATURITY | | | | | | PAID ON MATURITY | | | | | | | | | | | |
| DC | LA COUNTY BONDS | | | X | | | | | | | | | | | PAID ON MATURITY | | | | | | PAID ON MATURITY | | | | | | | | | | | |
| DC | STANDARD & POORS | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| DC | EQUITY INC. -S&P 500 | | | | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | |
| DC | BONO COLLECTION TRUST | | | | | | X | | | | | | | | | | | | | ROYALTY | | | | | | | | | | X | | |
| DC | PAUL BROWNSTEIN PROD. | X | | | | | | | | | | | | | | | | | | ROYALTY | | | | | X | | | | | | | |
| DC | WARNER MUSIC | X | | | | | | | | | | | | | | | | | | ROYALTY | | | | | | X | | | | | | |

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Merrill Lynch

UNLIMITED ADVANTAGE

PRIORITY CLIENT CMA® ACCOUNT

JAY GLICK

** Duplicate copy **

## Current Portfolio

| Quantity | Security Description | Date Acquired | Adjust/Unit Cost Basis | Total Cost Basis | Estimated Market Price | Estimated Market Value | Unrealized Gain or (Loss) | Estimated Accrued Interest | Estimated Annual Income | Current Yield % |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Municipal Bonds** | | | | | | | | | |
| 25,000 Δ | CALIFORNIA ST PUB WK BRD LSE REV VAR CA ST A OID SEP93 05.000%DEC01 05 MOODY'S: AA3, S&P: A+ ORIGINAL UNIT COST: 104.83 | 07/21/98 | 103.20 | 25,802 | 104.28 | 26,072 | 269 | 97 | 1,249 | 4.79 |
| 50,000 | CALIFORNIA ST PRIN MTIGR SER K 7%CI MAY86 00.000%MAY01 06 MOODY'S: ***, S&P: *** | 07/23/98 | 71.34 | 35,672 | 80.09 | 40,049 | N/A | | | |
| 20,000 Δ | SAN FRANCISCO CA ST BLG AT LSE RV SER A OID MBIA OCT93 05.100%OCT01 06 MOODY'S: AAA, S&P: AAA ORIGINAL UNIT COST: 105.49 | 07/21/98 | 103.82 | 20,765 | 105.59 | 21,119 | 354 | 249 | 1,019 | 4.82 |
| 55,000 | CENTRAL VALLEY SCH DISTS FN AT CA RF MBIA 6.25%CI SEP98 00.000%FEB01 07 MOODY'S: AAA, S&P: AAA | 01/13/99 | 72.75 | 40,016 | 77.40 | 42,574 | N/A | | | |
| 40,000 Δ | CALIFORNIA HLTH FCS FING AUTH REV SR B RFDG AMBAC DEC98 05.000%OCT01 08 MOODY'S: AAA, S&P: AAA ORIGINAL UNIT COST: 107.98 | 01/13/99 | 106.32 | 42,528 | 105.58 | 42,232 | (295) | 489 | 2,000 | 4.73 |

4745 PLEASE SEE REVERSE SIDE

Merrill Lynch

UNLIMITED ADVANTAGE

# PRIORITY CLIENT CMA® ACCOUNT

JAY GLICK

** Duplicate copy **

## Current Portfolio

| Quantity | Security Description | Date Acquired | Adjust/Unit Cost Basis | Total Cost Basis | Estimated Market Price | Estimated Market Value | Unrealized Gain or (Loss) | Estimated Accrued Interest | Estimated Annual Income | Current Yield % |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Municipal Bonds** | | | | | | | | | |
| 25,000 | LOS ANGELES CO CA PUB WK FIN AT RV SR A OID PRF04 MAY94 06.000%OCT01 15 MOODY'S: AA3, S&P: AA | 07/21/98 | 111.85 | 27,964 | 109.25 | 27,312 | (652) | 367 | 1,499 | 5.49 |
| 20,000 | LAS VIRGENES CA MUN WTR DIST COP CAP MBIA PRF01 NOV91 06.300%NOV01 16 MOODY'S: AAA, S&P: AAA | 07/21/98 | 109.40 | 21,881 | 104.14 | 20,829 | (1,052) | 203 | 1,260 | 6.04 |
| | **Total Municipal Bonds** | | | 328,842 | | 335,487 | (295) | 2,771 | 12,964 | 5.13* |

Bonds purchased at a premium show amortization Δ
Bonds purchased at a discount show accretion θ

*** Rating currently unavailable or not rated/unrated as provided by Rating Agency or recognized industry wide third party vendor source.

* - Excludes the market value of original issue discount holdings in the calculation of total current yield for debt securities.

Merrill Lynch

UNLIMITED ADVANTAGE

# PRIORITY CLIENT CMA® ACCOUNT

JAY GLICK

** Duplicate copy **

## Current Portfolio

| Quantity | Security Description | Date Acquired | Adjust/Unit Cost Basis | Total Cost Basis | Estimated Market Price | Estimated Market Value | Unrealized Gain or (Loss) | Estimated Accrued Interest | Estimated Annual Income | Current Yield % |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Municipal Bonds** | | | | | | | | | |
| 25,000 Δ | SAN FRANCISCO CA CITY & CO SWR REV RFDG AMBAC AUG92 05.500%OCT01 02 MOODY'S: AAA, S&P: AAA ORIGINAL UNIT COST: 106.13 | 07/21/98 | 102.52 | 25,631 | 102.83 | 25,709 | 77 | 336 | 1,374 | 5.34 |
| 25,000 Δ | SAN FRANCISCO CA CY & CO COP COURTHSE OID LOC FSA JUN95 04.900%APR01 03 MOODY'S: AAA, S&P: AAA ORIGINAL UNIT COST: 103.82 | 07/21/98 | 101.81 | 25,454 | 102.15 | 25,538 | 83 | 299 | 1,224 | 4.79 |
| 25,000 Δ | CALIFORNIA STWIDE CMNTYS DEV CORP CTFS PARTN OID JAN94 04.400%OCT01 04 MOODY'S: AAA, S&P: AAA ORIGINAL UNIT COST: 101.33 | 08/29/00 | 101.22 | 25,306 | 101.69 | 25,422 | 116 | 269 | 1,099 | 4.32 |
| 10,000 Δ | CALIFORNIA ST SEP93 06.100%SEP01 05 MOODY'S: AA2, S&P: AA ORIGINAL UNIT COST: 106.78 | 08/29/00 | 106.32 | 10,632 | 108.90 | 10,890 | 258 | 200 | 610 | 5.60 |
| 25,000 Δ | CALIFORNIA ST NOV90 06.500%NOV01 05 MOODY'S: AA2, S&P: AA ORIGINAL UNIT COST: 109.37 | 08/29/00 | 108.74 | 27,186 | 110.93 | 27,734 | 547 | 262 | 1,624 | 5.85 |

PLEASE SEE REVERSE SIDE

 CODE # 6060F 0 Statement Period 12/01/00 TO 12/29/00 Account No. 208-39748 003002

## SCHEDULE IV — TRANSACTIONS

Name MARY BONO | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | Type of Transaction: SALE | Type of Transaction: EXCHANGE | Date (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-00 | | x | | | | | | | | |

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| Name | Page 7 of 9 |
|---|---|
| MARY BONO | |

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | x | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | | |
| | | | |
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**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6-11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| Talent for Governor | | Jun. 4-6 | Palm Springs, CA- St. Louis | Y | Y | N | N |
| | | | St. Louis, MO - Wash., D.C. | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 2001 70-729 (mac)

**Use additional sheets if more space is required.**

COMMITTEE
ENERGY AND COMMERCE

SUBCOMMITTEES
COMMERCE, TRADE, AND CONSUMER PROTECTION
ENERGY AND AIR QUALITY
ENVIRONMENT AND HAZARDOUS MATERIALS

Mary Bono
Congress of the United States
44th District, California

WASHINGTON OFFICE
404 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5330
FAX (202) 225-2961

DISTRICT OFFICES
155 SOUTH PALM CANYON
SUITE 823
PALM SPRINGS, CA 92262
(760) 320-1076
FAX (760) 320-0598

11401 HEACOCK STREET
SUITE 340
MORENO VALLEY, CA 92557
(909) 485-4827
FAX (909) 485-4897

1600 EAST FLORIDA AVENUE
SUITE 306
HEMET, CA 92544
(909) 658-7312
FAX (909) 652-2582

June 13, 2001

The Honorable Jeff Trandahl
Clerk
U.S. House of Representatives
H154 The Capitol
Washington, D.C 20515-6601

2

MC

Dear Mr. Trandahl:

Enclosed please find the amended pages for my 2000 Financial Disclosure statement. If possible, I would appreciate your consideration in amending this statement by substituting the revised Schedule IV pages.

It was brought to my attention that the original statement did not include information regarding several acquisitions made during the past calendar year. To resolve this oversight, I have completed the required Schedule IV forms as requested.

In addition, I understand that a more specific description of the Standard & Poors accounts listed would be helpful. Those transactions titled simply Standard & Poors refer to Standard & Poors mutual funds.

Once again, thank you in advance for your assistance with this matter. I respect the need for full disclosure and regret the unintentional exclusion of any pertinent information.

Sincerely,

MARY BONO
Member of Congress

enclosure: Schedule IV- Transactions
(1 original, 2 copies)

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 JUN 13 PM 5:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

## SCHEDULE IV — TRANSACTIONS

Name: MARY BONO

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K OVER $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | STANDARD & POORS | X | | | 8-29-00 | | X | | | | | | | | |
| | STANDARD & POORS - IRA | X | | | 1-26-00 | | X | | | | | | | | |
| DC | FEDERAL HOME LN MORTGAGE | X | | | 8-29-00 | | X | | | | | | | | |
| DC | STANDARD & POORS | X | | | 8-29-00 | | X | | | | | | | | |
| DC | FEDERAL HOME LN MORTGAGE | X | | | 8-29-00 | X | | | | | | | | | |
| DC | STANDARD & POORS | X | | | 8-29-00 | | X | | | | | | | | |

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POSTAL ANNEX PO SQUARE CENTER
CLERK OF THE HOUSE OF REPRESENTATIVES

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

01 MAY 14 AM 11:48

Robert A. Borski
(Full Name)

2409 Rayburn HOB, Washington, DC 20515 (202) 225-8251
(Mailing Address) Daytime Telephone

(2) HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: PA District 03 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [ ] No [X] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Robert A. Borski | 5/10/01 |

500

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Intl. Assoc. of Ice Cream Vendors | Nov 8-11 | Baltimore-Washington Intl-Ft. Lauderdale-BWI | Y | Y | Y | N |

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

(5) HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY -9 PM 4:22
HC
(Office Use Only)

Leonard L. Boswell
(Full Name)

RR1 Box 130
(Mailing Address)

Davis City, IA. 50065

202 225 3806
Daytime Telephone

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives — State IA District 3 | [ ] Officer or Employee | Employing Office |
| Report Type | [ ] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Leonard L Boswell | 5-09-01 |

Name Leonard L. Boswell | Page 2 of 5

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Lamoni Community School | Spouse Salary | 6,942.82 |
| | State of IA | legislative Pension | 8231.15 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Leonard L. Boswell



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | | Block B: Value of Asset | Block C: Type of Income | | | | | | Block D: Amount of Income | | | | | | | | | | | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples* | SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Agriculture Land (175 Acres) New Dale & Burrell Township, Decatur Co. IA | | | | | | | | X | | | | | | | | | N/A | | | | | | | | N/A | | | | | | | |
| | Farm Equipment | | | | | | X | | | | | | | | | | | N/A | | | | | | | | N/A | | | | | | | |
| | Verizon | | | | | | N/A | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Breeding Stock (Cows) | | | | | | | X | | | | | | | | Sale of Calves | | | | | | | | | | | X | | | | | | |
| | Citizens State Bank, Leon IA | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Writer Outdoor Signs | | | | | | N/A | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Farmers Coop, Lamoni IA (Deferred Allocation) | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name Leonard L. Boswell | Page 4 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Sale of calves | | X | | | | X | | | | | | | | |

This page may be copied if more space is required.

Name Leonard L. Boswell | Page 5 of 5

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Citizens State Bank, Leon IA | Loan on Machinery | X | | | | | | | | | |
| | " " " | Farm Operating Loan | | X | | | | | | | | |
| | " " " | Mortgage on Land, Burrell Township, Decatur Co. IA | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| N/A | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

RECEIVED
01 MAY 15 PM 3:29

Frederick C. Boucher
(Full Name)

2187 Rayburn House Office Building
(Mailing Address)

202-225-3861
Daytime Telephone

Washington, DC 20515

HAND DELIVERED
(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Virginia District: 09 | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Frederick C. Boucher | May 12, 2001 |

507

Name Frederick C. Boucher



## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example: Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* | SP Mega Corp Stock | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | | 1st Bank of Paducah, KY accounts | | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Bank of America Check | | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Nations Securities Savings | | | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Individual Retirement Acct.Nations Securities | | | | | | | X | | | | | | | | X | | X | | | | | | | | | X | | | | | | | |
| | First Virginia Bank Preferred Stock | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Community National Bank Common Stock | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Vanguard S&P 500 Index Mutual Fund | | | | | | | X | | | | | | | | X | | | X | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frederick C. Boucher

Page 3 of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | United Company Mutual | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | |
| | Fidelity Select Technology Mutual Fund | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | P |
| | Vanguard Growth Index Mutual Fund | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | |
| | Rydex Over the Counter Mutual Fund | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | |
| | Lot-Town of Damascus | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Lot-Washington County | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Frederick C. Boucher



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Fidelity Select Technology Mutual Fund | X | | | 01-03-00 | X | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| see attached pages 6-9 | | | | | | | |

SCHEDULE VII
TRAVEL PAYMENTS ANS REIMBURSEMENTS

| SOURCE | LOCATION | EXPENSES | DATE |
|---|---|---|---|
| Media General Corporation | Hot Springs, Virginia | Lodging for one night and meals for speech to Media General Executives concerning the Federal Information Technology Policy Agenda | 10/9/00 |
| Virginia Coal Council | Bristol, Virginia | Travel from Washington, DC for keynote address to the annual Virginia Coal Conference | 5/16/00 |
| Transatlantic Policy Network | Tucson, Arizonia | Travel from Washington, DC, lodging for three nights and meals for speech to Transatlantic Policy Conference on the Congressional Internet Policy Agenda | 4/27/00 - 4/30/00 |

SCHEDULE VII
TRAVEL PAYMENTS ANS REIMBURSEMENTS

| | | | |
|---|---|---|---|
| Bell Atlantic Corporation | Boca Raton, Florida | Travel from Washington, DC to Boca Raton, FL and return, lodging for one night and meals for keynote address to conference on the Congressional Telecommunications Agenda | 4/17/00 - 4/18/00 |
| VA-MD-DEL Electric Cooperatives | Hots Springs, Virginia | Travel to Hot Springs, meals and lodging for one night for speech to annual convention on Federal Electricity Restructuring Legislation and role of electric cooperatives in the advancement of satelite based television services | 7/23/00 - 7/24/00 |
| New York Mercantile Exchange | New York | Lodging for one night for presentation to executive officers of the Exchange on prospects for Federal Electricity Restructuring Legislation | 8/15/00 |

SCHEDULE VII
TRAVEL PAYMENTS ANS REIMBURSEMENTS

| | | | |
|---|---|---|---|
| Virginia Association of Realtors | Hot Springs, Virginia | Lodging for one night and meals for speech to convention on Internet related legislation | 9/23/00 |
| Transatlantic Policy Network | Venice, Italy | Transportation, lodging for four nights and meals for speech to parliamentary conference on creation of an international agenda for Internet related issues | 11/30/00 - 12/3/00 |
| German Marshal Fund of the United States | Frankfort, Germany | Transportation, lodging for three nights and meals in association with speech to Electric Commerce Forum on Internet related issues on the United States agenda | 11/28/00 - 11/30/00 |
| International Management and development institute | Helsinki, Finland | Transportation, lodging for three nights and meals for keynote address to conference on convergence in telecommunication markets and migration of multi-media services to the Internet | 8/23/00 - 8/26/00 |

SCHEDULE VII
TRAVEL PAYMENTS ANS REIMBURSEMENTS

| | | | |
|---|---|---|---|
| Mexican-American Chamber of Commerce | Mexico City and Oaxaca | Transportation, lodging for four nights and meals in association with presentations to two forums on the Congressional Internet Policy Agenda | 5/31/00- 6/2/00 |
| Meyers Interactive Television Forum | New York | Travel and accommodations for one night in association with keynote speech to Interactive Television Conference | 2/2/00 |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Member-Board of Directors | First Virginia Bank - Mountain Empire |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees



01 MAY 15 PM 5:08

7

HAND DELIVERED

(Office Use Only)

F. Allen Boyd Jr.
(Full Name)

ROUTE 2, Box 33 Monticello, FL 32344 202-225-5235
(Mailing Address) Daytime Telephone

Filer Status: ✓ Member of the U.S. House of Representatives — State: FL District: 02 — Officer Or Employee — Employing Office

Report Type: ✓ Annual (May 15) — Amendment — Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ✓ No
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes No ✓
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ✓ No
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes No ✓
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ✓ No
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? Yes No ✓
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? Yes ✓ No
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ✓ No
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes No ✓
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**Trusts--** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes No ✓

**Exemptions--** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes No ✓

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification: I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.

Signature of Reporting Individual: F. Allen Boyd Jr.

Date (Month, Day, Year): 5·15·01

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## SCHEDULE I - EARNED INCOME

Name F. Allen Boyd Jr



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Thomas L. Folsom, Jr. | Spouse Commissions | N/A |
| Boyd-Gibbs Sod Farm | Spouse Management Fees | N/A |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name F. Allen Boyd Jr.



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| ABC Bank Group | $100,001 - $250,000 | Dividends | $2,501 - $5,000 | |
| Capital City Bank Group | $100,001 - $250,000 | Dividends | $2,501 - $5,000 | |
| BCT Gin Co., Inc. Cotton Gin | $250,001 - $500,000 | Dividends | $50,001 - $100,000 | |
| Boyd-Tuten Cattle Cattle Farm | $15,001 - $50,000 | Capital Gains | NONE | |
| Wright-Patman FCU | $100,001 - $250,000 | Interest | $2,501 - $5,000 | |
| Boyd Family Farms, Inc. | $100,001 - $250,000 | Dividends | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name F. Allen Boyd Jr.



| BLOCK A<br>Asset and/or Income Source<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>Year-End Value of Asset<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>Type of Income<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>Amount of Income<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income. | BLOCK E<br>Transaction<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| F. A. Boyd Sons, Inc. Farm | $100,001 - $250,000 | Dividends | NONE | |
| FABJ Inc. | $1,001 - $15,000 | Dividends | $5,001 - $15,000 | |
| IDS - American Express IRA | $50,001 - $100,000 | Dividends/CAPITAL GAINS | $5,001 - $15,000 | |

## SCHEDULE V - LIABILITIES

Name F. Allen Boyd Jr.



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Farm Credit Service | Farm Loan | $500,001 - $1,000,000 |

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name F. Allen Boyd Jr.



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Dee Dot Timberlands | Jan. 22-24 | Tallahassee-Jacksonville-Washington, DC | Y | Y | N | N/A |

## SCHEDULE VIII - POSITIONS

**Name** F. Allen Boyd Jr.



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| President & Majority Stockholder | Boyd Family Farms, Inc. |
| President | FABJ, Inc. |
| Board Member | F.A. Boyd & Sons, Inc. |
| Board Member | Jefferson Company Farm Bureau |

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(Office Use Only)

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



Kevin Patrick Brady
(Full Name)

P.O. Box 8277 The Woodlands, TX 77387
(Mailing Address)

281-225-4901
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: TX District: 08 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**Trusts--** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

**Exemptions--** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | | 6-15-2001 |

524

# SCHEDULE III - ASSETS AND "U

Na Kevin Patrick Brady



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Annuity Fidelity VIP Growth Fund | $15,001 - $50,000 | | N/A | |
| | Annuity NEUB/BER AMT Growth Fund | $15,001 - $50,000 | | N/AE | |
| JT | Putnam Growth & income Fund | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| | State of Texas Retirement System | $1,001 - $15,000 | | N/A | |
| SP | IRA Chase Securities of Texas: Compaq Computer Stock | $15,001 - $50,000 | | N/A | |
| SP | Chase Retirement Plan | $15,001 - $50,000 | | N/A | |

# SCHEDULE III - ASSETS AND "U

Na Kevin Patrick Brady



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| SP | Chase Savings Retirement Plan 401k | $100,001 - $250,000 | | N/A |
| SP | Chase Manhattan Employee Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 |
| SP | Chase Securities Employee Stock Option Plan | $15,001 - $50,000 | | NONE |
| SP | Chase Bank Super Savings Account | $1,001 - $15,000 | INTEREST | $201 - $1,000 |
| JT | Chase Bank Personal Checking Account | $1,001 - $15,000 | INTEREST | $1 - $200 |
| | Pacific Life VUL | $1,001 - $15,000 | | NONE |

# SCHEDULE III - ASSETS AND "U

Na Kevin Patrick Brady



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependant child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Pacific Life VUL | $1,001 - $15,000 | | NONE | |
| | CNA Insurance | None | | NONE | |
| SP | CNA Insurance | None | | NONE | |
| | IRA Putnam International New Opportunities | $1,001 - $15,000 | | N/A | |
| | Farmers New World Life Insurance | $1,001 - $15,000 | | NONE | |
| JT | Lexicon Genetics, Inc. Common Stock | $1,001 - $15,000 | | NONE | P |

# SCHEDULE III - ASSETS AND "U

Na Kevin Patrick Brady



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| JT H & Q IPO & Emerging Growth Fund Class A | $1,001 - $15,000 | | N/A | |
| DC UTMA for William Brady - JANUS Funds | $1 - $1,000 | | N/A | |

# SCHEDULE IV · TRANSACTIONS

Na Kevin Patrick Brady



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Lexicon Genetics, Inc. Common Stock | P | 3-28-00 | $1,001 - $15,000 |
| JT | IRA Putnam Growth & Income | P | Monthly | $125 monthly |
| SP | Purchase family van | P | 11-10-00 | $25,000 |
| | Trade-In Ford Explorer | E | 11-10-00 | $6,000 |

# SCHEDULE V - LIABILITIES

Na Kevin Patrick Brady



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| JT | 1rst Choice Bank, Houston, Texas | Short-term auto loan, taken November, 2000 and paid May, 2001. | $21,000 |

# SCHEDULE VIII · POSITIONS

Na Kevin Patrick Brady



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Advisory Board Member | Montgomery County Pachyderm Club |
| Advisory Board Member | Morton Blackwell Leadership Institute |
| Advisory Board Member | Women Helping Women, Inc. |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 14 2001
MC
(Office Use Only)
5

Robert A. Brady
(Full Name)

1301 Kimberly Drive
(Mailing Address)

Philadelphia PA 19151-2834

Daytime Telephone (202) 225-4731

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [x] Member of the U.S. House of Representatives | State PA District 1 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [x] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [x] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [x] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [x] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [x] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [x] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [x] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [x] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [x] No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [x] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [x] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [x] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Rob A Brady | 5-11-01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Philadelphia Writ Service, Inc. | Spouse salary | N/A |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Robert A. Brady



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset** at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | | Block B: Value of Asset | Block C: Type of Income | | | | | | Block D: Amount of Income | | | | | | | | | | | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* | SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | Royalties | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Phila. Federal Credit Union | | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Roxborough Manyunk Savings | | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | City of Philadelphia (Pension) | | | | X | | | | | | | | | | | | | | | | Pension | | | | | X | | | | | | | |
| | Metropolitan Regional Council | | | | | X | | | | | | | | | | | | | | Accrued Pen. | | x | | | | | | | | | | | |
| | PA Turnpike Commission | | | | X | | | | | | | | | | | | | | | Accrued Pen. | | x | | | | | | | | | | | |
| SP | Delaware Investment | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert A. Brady



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP | Redevel. Auth. of Phila. | | | | | X | | | | | | | | | | | | | Pens. Accr. | X | | | | | | | | | | |
| SP | D&B Investment Inc. | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | P |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Part time Adminis. Assistant | Metropolitan Regional Council |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 2/19/99 | Metropolitan Regional Council | Member is a part-time administrative assistant |
| | | He receives no salary. The Council continues |
| | | the accrual and vesting of his pension. The year |
| | | 2000 cost was $6,897.80. |
| | | |
| | | |

GPO: 2001 70-729 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2001 MAY 14 AM 11:42
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(4)

Hon. Corrine Brown
(Full Name)

2444 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: (202) 225-0123

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Florida District: 3 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Corrine Brown | May 12, 2001 |

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Hon. Corrine Brown

Page 2 of 4

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A | Block B: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,001 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | | P |
| *Examples:* | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Accounts Recivable for sale of: Gator Travel Agency; Emilio P. Torres, ~~Fernando J. Alvarez,~~ Fernando A. Alvarez (debtors) | | | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | | | |
| | Wright Patman Congressional Federal Credit Union | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Bank of America | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Bank of America | Loan - Personal | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Aviation Safety Alliance | Jan. 14-16 | Wash.,D.C.-Miami-Wash.,D.C. | Y | Y | N | N |
| | Assoc. of American Railroads | Jan. 21-24 | Wash.,D.C.-PalmSprings-WDC | Y | Y | Y | N |
| | Miles Law School | May 6-7 | WDC-Birmingham-WDC | Y | Y | N | N |
| | New York Stock Exchange, Bell Atlantic, Humpty Dumpty, Instit. | June 15-18 | WDC-New York-WDC | Y | Y | Y | N |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

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MAY 15 2001
MC
(Office Use Only)

6

Henry E. Brown, Jr.
(Full Name)

1035 Dominion Drive
(Mailing Address)

(843) 744-2039
Daytime Telephone

Hanahan, SC 29406

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State SC District 01 | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [XX] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Henry E. Brown Jr. | 5-14-2001 |

541

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of South Carolina | Salary | $ 16,905 |
| | State of South Carolina | Extra days | 105 |
| | Piggly Wiggly Carolina Co. | Salary | 31,750 |
| | State of South Carolina | State Retirement | 4,578 |
| | Social Security Administration | Social Security | 12,882 |
| | Social Security Administration | Spouse Social Security | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

Name Henry E. Brown, Jr. Page 3 of 6

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset | | | | | | | | | | | Block C: Type of Income | | | | | | Block D: Amount of Income | | | | | | | | | | | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| | *Examples:* Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| | *Examples:* JT 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Piggly Wiggly Carolina, Stock | | | | | XX | | | | | | | | XX | | | | | | | | | XX | | | | | | | | |
| | Greenback Enterprises, Stock | | | | XX | | | | | | | | | XX | | | | | | | | | XX | | | | | | | | |
| JT | First Financial Holdings, Stock | | | | XX | | | | | | | | | XX | | | | | | | | | | XX | | | | | | | |
| JT | Bank of America, Stock | | | | XX | | | | | | | | | XX | | | | | | | | | | XX | | | | | | | |
| JT | SCANA Corp., Stock | | | | XX | | | | | | | | | XX | | | | | | | | | | XX | | | | | | | P |
| JT | Nucor, Stock | | | | XX | | | | | | | | | XX | | | | | | | | XX | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Henry E. Brown, Jr.

Page 4 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Compaq, Stock | | | | XX | | | | | | | | | XX | | | | | | | | XX | | | | | | | | | | |
| JT | Georgia Pacific, Stock | | | | XX | | | | | | | | | XX | | | | | | | | | XX | | | | | | | | | |
| JT | Edward Jones MM a/c | | | | XX | | | | | | | | | | | XX | | | | | | | | XX | | | | | | | | |
| JT | Cash in Bank, NBSC | | | XX | | | | | | | | | | | | XX | | | | | | | XX | | | | | | | | | |
| JT | Cash in Bank, Bank of Am | | | | XX | | | | | | | | | | | XX | | | | | | | | XX | | | | | | | | |
| JT | America Online, Stock | | | | XX | | | | | | | | | XX | | | | | | | XX | | | | | | | | | | | P |
| JT | Lucent Tech., Stock | | | XX | | | | | | | | | | XX | | | | | | | | XX | | | | | | | | | | P |
| JT | Polyner Group, Stock | | | XX | | | | | | | | | | XX | | | | | | | XX | | | | | | | | | | | P |
| | Rental RE- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7424 Rock St. | XX | | | | | | | | | | | | | XX | | | | | | | | | | | XX | | | | | | S |
| | 81 Marigold St. | | | | | | XX | | | | | | | | XX | | | | | | | | | | | XX | | | | | | |
| | 1301 Purvis St. | XX | | | | | | | | | | | | | XX | | | | | | | | | | XX | | | | | | | S |
| | 5903 Griffin St. | | | | | XX | | | | | | | | | XX | | | | | | | | | | XX | | | | | | | |
| | 1151 Berkeley St. | | | | | | XX | | | | | | | | XX | | | | | | | | | | | XX | | | | | | |
| | 1212 Pine Ct. | | | | | XX | | | | | | | | | XX | | | | | | | | | | XX | | | | | | | |
| | 5815 Hume Ave. | | | | | XX | | | | | | | | | XX | | | | | | | | | | XX | | | | | | | |
| | 5865 Allison St. | | | | XX | | | | | | | | | | XX | | | | | | | | | | XX | | | | | | | |
| | 1129 Yeamans Hall Rd. | | | | XX | | | | | | | | | | XX | | | | | | | | | XX | | | | | | | | |
| | Farm-Berkeley Co., | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1,500 + acres | | | | | | | | | XX | | | | | XX | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (see next page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Henry E. Brown, Jr.

Page 5 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | Note Receivable - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Barry Peterson | | | | | XX | | | | | | | | | | XX | | | | | | | | XX | | | | | | | |
| | J. E. Greene, Jr. | | | | | | XX | | | | | | | | | XX | | | | | | | | XX | | | | | | | |
| | Purvis Corner, LLC | | | | | XX | | | | | | | | | | XX | | | | | | | | XX | | | | | | | |
| | IRA- First Federal Bank | | | | | | XX | | | | | | | | | XX | | | | | | | | | XX | | | | | | |
| SP | IRA- First Federal Bank | | | XX | | | | | | | | | | | | XX | | | | | | | XX | | | | | | | | |

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Name Henry E. Brown, Jr. Page 6 of 6

## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Rental RE - Rock St. | | XX | | 08-31-00 | | | | XX | | | | | | |
| | Rental RE - Purvis St. | | XX | | 08-18-00 | | | XX | | | | | | | |
| | Policy Mgmt. Sys. Stock | | XX | | 03-15-00 | | XX | | | | | | | | |
| | SCANA Stock | | XX | | 02-22-00 | XX | | | | | | | | | |
| | AOL Stock | | XX | | 12-29-00 | | XX | | | | | | | | |
| | Compaq Stock | | XX | | 08-10-00 | | XX | | | | | | | | |
| | Lucent Stock | | XX | | 12-29-00 | XX | | | | | | | | | |
| | Polymer Stock | | XX | | 12-29-00 | XX | | | | | | | | | |
| | Qualcom Stock | | XX | | 11-16-00 | | XX | | | | | | | | |
| | America Online Stock | XX | | | 2000 | | XX | | | | | | | | |
| | Lucent Tech. Stock | XX | | | 2000 | XX | | | | | | | | | |
| | Polyner Group Stock | XX | | | 2000 | XX | | | | | | | | | |
| | SCANA Corp. Stock | XX | | | 2000 | | XX | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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POSTMARK ILLEGIBLE

HENRY BROWN FOR CONGRESS
1035 DOMINION DRIVE
HANAHAN, SC 29406

June 7, 2001

LEGISLATIVE RESOURCE
2001 JUN 13 AM 9:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

John Vargo
The Clerk, U. S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6612

Dear Mr. Vargo:

Please replace pages 3 through 6 of our Financial Disclosure Statement for calendar year 2000 with the enclosed pages.

Thanks,

Glenn D. Gibbons
Treasurer

# SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr. | 3 of 6

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other: Type of Income (Specify. For Example, Partnership Income or Farm Income) | Block D: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: | SP | Maga Corp. Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| DC | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Piggly Wiggly Carolina, Stock | | | | | | XX | | | | | | | | XX | | | | | | | | | XX | | | | | | | | | |
| | Greenback Enterprises, Stock | | | | | XX | | | | | | | | | XX | | | | | | | | | XX | | | | | | | | | |
| JT | First Financial Holdings, Stock | | | | | XX | | | | | | | | | XX | | | | | | | | | | XX | | | | | | | | P |
| JT | Bank of America, Stock | | | | | XX | | | | | | | | | XX | | | | | | | | | | XX | | | | | | | | |
| JT | SCANA Corp., Stock | | | | | XX | | | | | | | | | XX | | | XX | | | | | | | | XX | | | | | | | P, S |
| JT | Nucor, Stock | | | | | XX | | | | | | | | | XX | | | | | | | | XX | | | | | | | | | | |

For additional assets and unearned income, use next page.

SCHEDUI III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Henry L. Brown, Jr.

Pag 4 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Compaq, Stock | | | | XX | | | | | | | | | XX | | | XX | | | | | | | | XX | | | | | | | P, S |
| JT | Georgia Pacific, Stock | | | | XX | | | | | | | | | XX | | | | | | | | | XX | | | | | | | | | P |
| JT | Edward Jones MM a/c | | | | XX | | | | | | | | | | | XX | | | | | | | | XX | | | | | | | | |
| JT | Cash in Bank, NBSC | | | XX | | | | | | | | | | | | XX | | | | | | | XX | | | | | | | | | |
| JT | Cash in Bank, Bank of Am | | | | XX | | | | | | | | | | | XX | | | | | | | | XX | | | | | | | | |
| JT | America Online, Stock | | | | XX | | | | | | | | | XX | | | | | | | XX | | | | | | | | | | | P, S |
| JT | Lucent Tech., Stock | | | XX | | | | | | | | | | XX | | | | | | | | XX | | | | | | | | | | P, S |
| JT | Polymer Group, Stock | | | XX | | | | | | | | | | XX | | | | | | | XX | | | | | | | | | | | P, S |
| | Rental RE- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7424 Rock St. | XX | | | | | | | | | | | | | XX | | XX | | | | | | | | | | XX | | | | | S |
| | 81 Marigold St. | | | | | | XX | | | | | | | | XX | | | | | | | | | | | | XX | | | | | |
| | 1301 Purvis St. | XX | | | | | | | | | | | | | XX | | XX | | | | | | | | | XX | | | | | | S |
| | 5903 Griffin St. | | | | | XX | | | | | | | | | XX | | | | | | | | | | | XX | | | | | | |
| | 1151 Berkeley St. | | | | | | XX | | | | | | | | XX | | | | | | | | | | | | XX | | | | | |
| | 1212 Pine Ct. | | | | | XX | | | | | | | | | XX | | | | | | | | | | | XX | | | | | | |
| | 5815 Hume Ave. | | | | | XX | | | | | | | | | XX | | | | | | | | | | | XX | | | | | | |
| | 5865 Allison St. | | | | XX | | | | | | | | | | XX | | | | | | | | | | | XX | | | | | | |
| | 1129 Yeamans Hall Rd. | | | | XX | | | | | | | | | | XX | | | | | | | | | | XX | | | | | | | |
| | Farm-Berkeley Co., | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1,500 + acres | | | | | | | | | XX | | | | | XX | | | | | | | | | | XX | | | | | | | |
| JT | Qualcom Stock | XX | | | | | | | | | | | | | | | XX | | | | | | | | | XX | | | | | | S |
| | (see next page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Henry E. Brown, Jr. Page 5 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Note Receivable - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Barry Peterson - Mt. Pleasant, SC | | | | | XX | | | | | | | | | | XX | | | | | | | | XX | | | | | | | | |
| | J. E. Greene, Jr.-Charleston, SC | | | | | | XX | | | | | | | | | XX | | | | | | | | XX | | | | | | | | |
| | Purvis Corner, LLC-Charleston, SC | | | | | XX | | | | | | | | | | XX | | | | | | | | XX | | | | | | | | |
| | IRA- First Federal Bank | | | | | | XX | | | | | | | | | XX | | | | | | | | | XX | | | | | | | |
| SP | IRA- First Federal Bank | | | | XX | | | | | | | | | | | XX | | | | | | | XX | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Henry B. Brown, Jr. | Page 6 of 6

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Rental RE - Rock St. | | XX | | 08-31-00 | | | | XX | | | | | | |
| | Rental RE - Purvis St. | | XX | | 08-18-00 | | | XX | | | | | | | |
| | Policy Mgmt. Sys. Stock | | XX | | 03-15-00 | | XX | | | | | | | | |
| | SCANA Stock | | XX | | 02-22-00 | XX | | | | | | | | | |
| | AOL Stock | | XX | | 12-29-00 | | XX | | | | | | | | |
| | Compaq Stock | | XX | | 08-10-00 | | XX | | | | | | | | |
| | Lucent Stock | | XX | | 12-29-00 | XX | | | | | | | | | |
| | Polymer Stock | | XX | | 12-29-00 | XX | | | | | | | | | |
| | Qualcom Stock | | XX | | 11-16-00 | | XX | | | | | | | | |
| | America Online Stock | XX | | | 2000 | | XX | | | | | | | | |
| | Compaq Stock<br>Lucent Tech. Stock | XX<br>XX | | | 2000<br>2000 | XX | XX | | | | | | | | |
| | Polymer Group Stock | XX | | | 2000 | XX | | | | | | | | | |
| | SCANA Corp. Stock | XX | | | 2000 | | XX | | | | | | | | |
| | First Financial Holdings | XX | | | 2000 | | XX | | | | | | | | |
| | Georgia Pacific | XX | | | 2000 | | XX | | | | | | | | |
| | Qualcom Stock | XX | | | 8-21-00 | | XX | | | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

CLERK'S HUMAN RESOURCES CENTER
2001 MAY 11 AM 9:52

7

(Office Use Only) MC

Sherrod Brown
(Full Name)

2625 E. Erie
Lorain OH 44052
(Mailing Address)

225-3401
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: OH Distrct: 13 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [ ] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Sherrod Brown | May 8, 2001 |

Name Sherrod Brown | Page ___ of ___

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of OH Deferred Compensation Program | Deferred income | 16,882.81 |

For payments to charity in lieu of honoraria, use Schedule II.

Name Sherrod Brown | Page ___ of ___

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| Am Assoc of Anesthesiologists, Wash DC | Speech | April 2000 | 1,500 |
| Federated Ambulatory Surgery Assoc | Speech | May 2000 | 1,000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Sherrod Brown | Page ___ of ___

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | BLOCK A Asset and/or Income Source | | BLOCK B Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples* | SP | Mega Corp Stock | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| | | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Brunten Farm OH | | | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | OH PERS | | | | | X | | | | | | | | | | | X | | | | | | | | N/A | | | | | | | |
| | Nationwide (IRA) | | | | | X | | | | | | | | | X | | | | | | | | | | N/A | | | | | | | |
| | Fidelity Magellan (IRA) | | | | | X | | | | | | | | | | | X | | | | | | | | N/A | | | | | | | |
| | Muhlenkamp Fund PA | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Brunwell Growth NY | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sherrod Brown

Page ___ of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, or JT |
| | Am Century MO | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | Naveller Agg Cap MD | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Ariel Inv Trust IL | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Calvert Soc Inv Fund MD | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Ong Fed Credit Union DC | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Lorain Natl Bank OH | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | AOL | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Oak Investments MO | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Sherrod Brown | Page ____ of ____

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | |
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Oak Investments | | X | | | March 2010 | | X | | | | | | | | |

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Name Sherrod Brown | Page ___ of

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Commonwealth Fnd/Harvard | Jan 20-23 | Cle - Miami - Cle | Y | Y | N | N |
| | OH State Mershon Center | May 19-23 | DC - Kiev - DC | Y | Y | N | N |
| | Taiwanese Am Orf | July 2 | Cle - Phila - Cle | N | N | N | N |
| | Natl Labor Committee | July 14-16 | DC - Managua - Cle | Y | Y | N | N |
| | Cong. Programs/Aspen Institute | Aug 20-26 | Cle - Prague - Cle | Y | Y | Y | N |
| | | | | | | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

01 MAY 11 PM 4:47

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(6)

Edward G. Bryant
(Full Name)

P.O. Box 430
(Mailing Address)

Henderson, TN 38340

202-225-2811
Daytime Telephone

HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: TN District: 7 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Edward G. Bryant | May 10, 2001 |

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Edward G. BRYANT Page 2 of 6

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | SP Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | Examples: Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Money Market Account Bancorp South Bank | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | U.S. Savings Bonds | | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | IRA - Various stocks: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Akamai | | | X | | | | | | | | | | | | | | | | | | | | X | | | | | | | | P |
| | Level 3 | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | Lucent Technolog. | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Edward G. Bryant Page ___ of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Avaya | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | Benuity | | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | P |
| | Internet Pictures | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Stock in IRA: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lucent Tech. | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| DC | Stock: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lucent Tech | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| | Xerox | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | Qwest | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | Ericsson | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | 1699 Hollywood - Jordan | | | | | | | | | | | | | | | | X | | | | | | | | | | X | | | | | S |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Voicestream Stock | | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P, S |
| | Nokia | | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P, S |
| DC | Microsoft | | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P, S |
| DC | ID Biomedical | | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | P, S |
| DC | Akam | | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P, S |
| DC | Goldman Sachs | | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | P, S |
| DC | Level 3 | | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P, S |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | P, S |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Edward G. Bryant | Page 4 of 6

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | 1699 Hollywood - Jackson | | | X | | Dec, 2000 | | | X | | | | | | | |
| | Various stock transactions listed | | | | | | X | | | | | | | | | |
| | in Attachment to this Schedule IV | | | | | | | | | | | | | | | |

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Attachment to Schedule IV-Transactions

The Amount of Transaction is in all cases $1001-$15,000.

| | | |
|---|---|---|
| DC-Level 3(LVLT) | Purchase | May 22, 2000 |
| DC-Xerox (XRX) | Purchase | June 5, 2000 |
| DC-Goldman Sachs (GS) | Purchase | June 5, 2000 |
| DC-LVLT | Sale | June 14, 2000 |
| DC-Microsoft (MSFT) | Purchase | June 14, 2000 |
| DC-GS | Sale | June 14, 2000 |
| Akamai ( AKAM) | Purchase | June 15, 2000 |
| Proctor & Gamble (PG) | Purchase | June 15, 2000 |
| DC-MSFT | Sale | June 15, 2000 |
| DC-ID Biomed (IDBE) | Purchase | June 20, 2000 |
| Voicestream (VSTR) | Purchase | June 27, 2000 |
| AKAM | Sale | June 29, 2000 |
| DC-IDBE | Sale | July 5, 2000 |
| DC-Qwest (Q) | Purchase | July 6, 2000 |
| Nokia (NOK) | Purchase | July 7, 2000 |
| DC-AKAM | Purchase | July 10, 2000 |
| AKAM | Sale | July 11,2000 |
| AKAM | Sale | July 12, 2000 |
| NOK | Purchase | July 12, 2000 |
| DC-AKAM | Sale | July 13, 1000 |
| DC-Lucent Tech. (LU) | Purchase | July 17, 2000 |

| | | |
|---|---|---|
| AKAM | Purchase | July 17, 2000 |
| VSTR | Sale | July 17, 2000 |
| DC-LU | Purchase | July 17, 2000 |
| AKAM | Sale | July 18, 2000 |
| NOK | Sale | July 19, 2000 |
| AKAM | Purchase | July 20, 2000 |
| LVLT | Purchase | July 20, 2000 |
| LU | Purchase | July 20, 2000 |
| SP-LU | Purchase | July , 2000 |
| PG | Sale | July 25, 2000 |
| NOK | Sale | July 27, 2000 |
| AKAM | Purchase | July 28, 2000 |
| AKAM | Purchase | Dec. 28, 2000 |

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees



HAND DELIVERED

2001 MAY 15 AM 10: 05

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

(9)

MC

Richard Mauze Burr
(Full Name)

2634 Forest Drive Winston-Salem, NC 27104
(Mailing Address)

(202) 225-2071
Daytime Telephone

**Filer Status** ✓ Member of the U.S. House of Representatives — State: NC — District: 05 — Officer Or Employee — Employing Office:

**Report Type** ✓ Annual (May 15) — Amendment — Termination — Termination Date

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ✓ | No |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes | No ✓ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ✓ | No |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ✓ | No |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes | No ✓ |
| VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $280 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes | No ✓ |
| VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $280 from one source)? **If yes, complete and attach Schedule VII.** | Yes ✓ | No |
| VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ✓ | No |
| IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes | No ✓ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes | No ✓ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes | No ✓ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | 5/15/01 |

# SCHEDULE I - EARNED INCOME

Nam Richard Mauze Burr



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Graham and Boles Realty, Winston-Salem, NC | Spouse Salary | N/A |

# SCHEDULE III - ASSETS AND "UNE

Nam Richard Mauze Burr



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | 625 Polo Road, Winston-Salem, NC | $50,001 - $100,000 | Rent | $5,001 - $15,000 | |
| SP | Sara Lee Corp. stock | $1,001 - $15,000 | Dividends | $1 - $200 | |
| SP | BB and T stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| SP | Goldman Sachs Equity | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | Edward D. Jones cash money market | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| SP | Graham and Boles Realty | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | |

# SCHEDULE III - ASSETS AND "UNE

Nam Richard Mauze Burr



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Piedmont Triad Mortgage | $1 - $1,000 | Dividends | $1 - $200 | |
| DC | Edward D Jones cash market | $1,001 - $15,000 | Interest | $1 - $200 | |
| DC | BB and T stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| DC | Small Cap Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| DC | Lord Abbot Dev. Growth Fund | $1,001 - $15,000 | Dividends | NONE | |
| | Edward Jones cash | $1,001 - $15,000 | Interest | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNE

Nam Richard Mauze Burr



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Tenn. Valley Authority Bond | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| JT | Piedmont Federal Savings | $1,001 - $15,000 | Interest | $1 - $200 | |
| SP | Central Carolina Bank | $1 - $1,000 | Interest | $1 - $200 | |
| JT | BB and T Savings | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | Wachovia Stock | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | P |
| | Bank of America Stock | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | P |

# SCHEDULE III - ASSETS AND "UNE

Nam Richard Mauze Burr



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| BB and T Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | P |
| Fleet Boston Stock | None | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | P, S |
| SP Wachovia Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | P |

# SCHEDULE IV - TRANSACTIONS

Nam Richard Mauze Burr



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Wachovia Stock | P | 1-24-00 | $15,001 - $50,000 |
| | Bank of America Stock | P | 1-24-00 | $15,001 - $50,000 |
| | BB and T Stock | P | 1-24-00 | $15,001 - $50,000 |
| | Fleet Boston Stock | P | 1-24-00 | $1,001 - $15,000 |
| SP | Wachovia Stock | P | 6-21-00 | $1,001 - $15,000 |
| | Wachovia Stock | P | 10-06-00 | $15,001 - $50,000 |
| | Fleet Boston | S | 9-11-00 | $1,001 - $15,000 |

# SCHEDULE VII - TRAVEL PAYMENTS AN

Nam Richard Mauze Burr



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Corning, Inc. | Jan. 5 | Concord, NC-Wilmington, NC-Winston-Salem, NC | N | Y | N | N/A |
| Outdoor Power Equipment Distributors Association (OPEDA) | Feb. 24-26 | Greensboro, NC-Jacksonville, FL-Greensboro, NC | Y | Y | Y | N/A |
| Tobacco Association of the United States | May 28-29 | Winston-Salem, NC-Lewisberg, WV-Winston-Salem, NC | Y | Y | Y | N/A |

# SCHEDULE VIII - POSITIONS

Nam Richard Mauze Burr



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Co-Chairman | Partnership for a Drug Free North Carolina |
| Board Member | Brenners Children's Hospital |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

01 MAY 15 PM 6:30

(11)

Danny Lee Burton
(Full Name)

2185 Rayburn HOB
(Mailing Address)

Washington DC 20515
Daytime Telephone 225-2276

MC HAND DELIVERED
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: INDIANA District: 6th | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Danny L Burton | 5/15/01 |

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Name Danny Lee Burton | Page 2 of 11

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Burton Agency - Spouse | Commissions | N/A |

**For payments to charity in lieu of honoraria, use Schedule II.**

| Name | Page |
|---|---|
| Danny Lee Burton | 3 of 11 |

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| American Academy of Cosmetic Surgeons | Keynote Speech | 1/28/00 | $2000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| Block A | | Block B | | Block C | | Block D | | Block E |
|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP | Examples: SP Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| DC | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | X | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Agnico-Eagle Mines LTD | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Canyon Res Corp New | | X | | | | | | | | | | | | none | | | | | | X | | | | | | | | | | | |
| | Conseco Inc. | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | Corixa Corp. | | X | | | | | | | | | | | | none | | | | | | X | | | | | | | | | | | |
| | Homestake Mining Co | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Microsoft Corp. | | | X | | | | | | | | | | | none | | | | | | X | | | | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton

Page 5 of 11

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Newment Mining Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Nuveen Municipal Mkt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Opportunity Fund | | | X | | | | | | | | | | | X | | X | | | | | | X | | | | | | | | | |
| | One Tel Ltd | | | X | | | | | | | | | | | None | | | | | | X | | | | | | | | | | | P |
| | Alliance Tech Fund Cl | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P |
| | Baird Gen Gov - MMF | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Russell Frank Invt Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Life Points Balanced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strategy Fund Cl C | | | | | X | | | | | | | | X | | | X | | | | | NA - IRA | | | | | | | | | | P |
| | Baird Ins MMF | | X | | | | | | | | | | | | | X | | | | | | NA - IRA | | | | | | | | | | |
| SP | Russell Frank Invt Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Life Points Balanced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strategy Fund Cl C | | | | | X | | | | | | | | X | | | X | | | | | NA - IRA | | | | | | | | | | P |
| SP | Baird INS MMF | | X | | | | | | | | | | | | | X | | | | | | NA - IRA | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Burton Agency | | | | X | | | | | | | | | | | | | | | see Schedule I | | | | | | | | | | | | |
| | Harting Farm | | | | | | | | X | | | | | | X | | | | | | | | | | | | | | | | | |
| | Laurel Co KY (20 acres) | | | | X | | | | | | | | | | | | none | | | | X | | | | | | | | | | | |
| | Residential Rental 1037 Mustang Ct Franklin, IN | | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | Residential Rentals (DB) 2176-2181 Galway Dr. Franklin IN | | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | |
| | Country View Estates (Han. Co) 1 Acre | | | | X | | | | | | | | | | | | none | | | | X | | | | | | | | | | | |
| | Burton Ranch | | | | | X | | | | | | | | | | | none | | | | X | | | | | | | | | | | |
| | Johnson Co (5 acres) | | | | | X | | | | | | | | | | | none | | | | X | | | | | | | | | | | |
| | Johnson Co (16.84 acres) | | | | | | | X | | | | | | | | | none | | | | X | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Danny Lee Burton Page 7 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Country View Estates (Lot 6) | | X | | 5/11/00 | | X | | | | | | | | |
| | " (Lot 2) | | X | | 6/5/00 | | X | | | | | | | | |
| | " (Lot 3) | | X | | 7/17/00 | | X | | | | | | | | |
| | Lowery Farm (33 acres) | | X | | 8/15/00 | | | | | X | | | | | |
| | Johnson Co. Land (23.7acres) | X | | | 11/21/00 | | | | | X | | | | | |
| | Flat Creek Ky (46-60 acres) | X | | | 11/3/00 | | X | | | | | | | | |
| SP | Russell Frank Invt Co. Lifepoint | X | | | 12/29/00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Danny Lee Burton

Page 2 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | One Tel LTD | X | | | 1/28/00 | X | | | | | | | | | |
| | Alliance Tech Fund C1C | X | | | 4/17/00 | X | | | | | | | | | |
| | Microsoft Corp | X | | | 4/17/00 | X | | | | | | | | | |
| | Conseco Inc. | X | | | 5/4/00 | X | | | | | | | | | |
| | Alliance Tech Fund C1C | X | | | 12/20/00 | X | | | | | | | | | |
| | Russell Frank Invt Co Lifepoint | X | | | 1/14/00 | | | X | | | | | | | |
| | " | X | | | 2/25/00 | X | | | | | | | | | |
| | " | X | | | 4/6/00 | X | | | | | | | | | |
| | " | X | | | 7/7/00 | X | | | | | | | | | |
| | " | X | | | 10/5/00 | X | | | | | | | | | |
| | " | X | | | 12/29/00 | X | | | | | | | | | |
| SP | " | X | | | 1/14/00 | | | X | | | | | | | |
| SP | " | X | | | 2/25/00 | X | | | | | | | | | |
| SP | " | X | | | 4/6/00 | X | | | | | | | | | |
| SP | " | X | | | 7/7/00 | X | | | | | | | | | |
| SP | " | X | | | 10/5/00 | X | | | | | | | | | |

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Name Danny Lee Burton Page 9 of 11

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Citizens Bank of IN | 2176-2181 Galaxy DR Franklin, IN | | | | | X | | | | | |
| | " | 1037 Mustang Ct Franklin, IN | | | X | | | | | | | |
| | Maurice and Helen Linville | 23.7 acres / Johnson Co | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Am Academy of Cosmetic Surgeons | 1/27-28 | IND-ORLANDO-IND | Y | Y | N | N |
| | Diversified Collection Serv. | 3/17-20 | DC-San Francisco-DC | Y | Y | N | N |
| | Medical Interventions-Autism | 4/9 | DC/Chicago/DC | N | N | N | N |

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| Name | Page |
|---|---|
| Danny Lee Burton | 11 of 11 |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Consultant (uncompensated) | Burton Agency |
| Hon. Chairman | National Defense Council Foundation |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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| | | |

GPO: 2001 70–729 (mac)

**Use additional sheets if more space is required.**

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

DAN BURTON
6TH DISTRICT, INDIANA

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 JUN 13 PM 4:10
CLERK OF THE HOUSE OF REPRESENTATIVES

June 13, 2001

MC

Mr. Jeff Trandahl
Clerk of the House
B106
Cannon House Office Building
(HAND DELIVERED)

Dear Mr. Trandahl:

Please accept amended pages 5 and 6 of Schedule III and page 7 of Schedule IV for my Year 2000 Financial Disclosure Statement, which I originally filed on April 15th, 2001.

If you have any questions, please do not hesitate to call my office.

Sincerely,

Dan Burton
Member of Congress

DB/cjk

74-033

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

HAND DELIVERED

(Office Use Only)

Danny Lee Burton
(Full Name)

2185 Rayburn HOB
(Mailing Address)

Washington DC 20515
Daytime Telephone: 225-2276

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State INDIANA District 6th | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Danny L Burton | 5/15/01 |

Name Danny Lee Burton | Page 2 of 11

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Examples: Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| Burton Agency - Spouse | Commissions | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

Name Danny Lee Burton | Page 3 of 11

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| American Academy of Cosmetic Surgeons | Keynote Speech | 1/28/00 | $2000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| Block A | Block B: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify. For Example, Partnership Income or Farm Income) | Block D: None | I $1 – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X $5,000,001 – Over $5,000,000 | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| DC Simon & Schuster (Examples) | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| Agnico-Eagle Mines LTD | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| Canyon Res Corp New | | X | | | | | | | | | | | | none | | | | | | X | | | | | | | | | | | |
| Conseco Inc. | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| Corixa Corp. | | X | | | | | | | | | | | | none | | | | | | X | | | | | | | | | | | |
| Homestake Mining Co | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| Microsoft Corp. | | | | X | | | | | | | | | | none | | | | | | X | | | | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton



| BLOCK A Asset and/or Income Source (SP, DC, JT) | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Newmont Mining Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| Nuveen Municipal mkt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Opportunity Fund | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | |
| One Tel ltd | | | X | | | | | | | | | | None | | | | | | | X | | | | | | | | | | | P |
| Alliance Tech Fund cl | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P |
| Baird Gen Gov - MMF | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| Russell Frank Invt Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Life Points Balanced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strategy Fund C/C | | | | | X | | | | | | | | X | | | X | | | | | NA | | IRA | | | | | | | | P |
| Baird INS MMF | | X | | | | | | | | | | | | | X | | | | | | NA | | IRA | | | | | | | | |
| SP Russell Frank Invt Co | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Life Points Balanced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strategy Fund C/C | | | | | X | | | | | | | | X | | | X | | | | | NA | | IRA | | | | | | | | P |
| SP Baird INS MMF | | X | | | | | | | | | | | | | X | | | | | | NA | | IRA | | | | | | | | |
| E Campus | | | | X | | | | | | | | | None | | | | | | | X | | | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton

Page 6 of 11

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| | Burton Agency | D | See Schedule III | | |
| | Harting Farm | H | DIVIDENDS | V | |
| | Laurel Co KY (20 acres) | D | none | I | |
| | Residential Rental 1037 Mustang Ct Franklin, IN | E | DIVIDENDS | VI | |
| | Residential Rentals (DBE) 2176–2181 Gatway Dr. Franklin IN | G | DIVIDENDS | VII | |
| | Country View Estates (Hart. Co) 1 Acre | D | none | I | |
| | Burton Ranch | E | none | I | |
| | Johnson Co (5 acres) | E | none | I | |
| | Johnson Co (16.84 acres) | G | none | I | |
| | Country V Est (Lot 6) | | CAPITAL GAINS | | S |
| | Country View Est (2) | | CAPITAL GAINS | | S |
| | Country View Est (Lot 3) | | CAPITAL GAINS | | S |
| | Lowery Farm | | CAPITAL GAINS | X | S |

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## SCHEDULE IV — TRANSACTIONS

Name: Danny Lee Burton



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Country View Estates (Lot 6) | | X | | 5/11/00 | | X | | | | | | | | |
| | " (Lot 2) | | X | | 6/5/00 | | X | | | | | | | | |
| | " (Lot 3) | | X | | 7/17/00 | | X | | | | | | | | |
| | Lowery Farm (33 acres) | | X | | 8/15/00 | | | | | X | | | | | |
| | Johnson Co. Land (23.7 acres) | X | | | 11/21/00 | | | | | X | | | | | |
| | Flat Creek Ky (46-60 acres) | X | | | 11/3/00 | | X | | | | | | | | |
| SP | Russell Frank Invt Co. Lifepoint | X | | | 12/29/00 | X | | | | | | | | | |
| | ECampus | X | | | 1/12/00 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Danny Lee Burton



| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | One Tel LTD | X | | | 1/28/00 | X | | | | | | | | | |
| | Alliance Tech Fund c/c | X | | | 4/17/00 | X | | | | | | | | | |
| | Microsoft Corp | X | | | 4/17/00 | X | | | | | | | | | |
| | Conseco Inc. | X | | | 5/4/00 | X | | | | | | | | | |
| | Alliance Tech Fund c/c | X | | | 12/20/00 | X | | | | | | | | | |
| | Russell Frank Invt Co Lifepoint | X | | | 1/14/00 | | | X | | | | | | | |
| | " | X | | | 2/25/00 | X | | | | | | | | | |
| | " | X | | | 4/6/00 | X | | | | | | | | | |
| | " | X | | | 7/7/00 | X | | | | | | | | | |
| | " | X | | | 10/5/00 | X | | | | | | | | | |
| | " | X | | | 12/29/00 | X | | | | | | | | | |
| SP | " | X | | | 1/14/00 | | | X | | | | | | | |
| SP | " | X | | | 2/25/00 | X | | | | | | | | | |
| SP | " | X | | | 4/6/00 | X | | | | | | | | | |
| SP | " | X | | | 7/7/00 | X | | | | | | | | | |
| SP | " | X | | | 10/5/00 | X | | | | | | | | | |

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Name Danny Lee Burton | Page 9 of 11

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001 – $15,000 | C $15,001 – $50,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H1 $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | x | | | | | | |
| | Citizens Bank of IN | 2176 -2181 Galaxy DR Franklin, IN | | | | X | | | | | |
| | " | 1037 Mustang Ct Franklin, IN | | X | | | | | | | |
| | Maurice and Helen Linville | 23.7 acres Johnson Co | | | X | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| Am Academy of Cosmetic Surgeons | 1/27-28 | IND-ORLANDO-IND | Y | Y | N | N |
| Diversified Collection Serv. | 3/17-20 | DC-San Francisco-DC | Y | Y | N | N |
| Medical Interventions-Autism | 4/9 | DC/Chicago/DC | N | N | N | N |

This page may be copied if more space is required.

Name Danny Lee Burton | Page 11 of 11

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Consultant (uncompensated) | Burton Agency |
| Hon. Chairman | National Defense Council Foundation |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70-729 (mac)

**Use additional sheets if more space is required.**

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees



01 MAY 15 PM 4:49

RECEIVED

(6)

Stephen Earle Buyer
(Full Name)

2443 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202/225-5037
Daytime Telephone

MC
(Office Use Only)

**Filer Status** ☑ Member of the U.S. House of Representatives — State: IN District: 05 — ☐ Officer Or Employee — Employing Office:

**Report Type** ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | |
| VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ | |
| VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☐ No ☑ | |
| VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☐ No ☑ | |
| IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ | |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Stephen Buyer | May 15, 01 |

# SCHEDULE I - EARNED INCOME

Na Stephen Earle Buyer



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Schilli Transportation | Spouse Salary | N/A |

# SCHEDULE III - ASSETS AND "U

Na Stephen Earle Buyer



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Money Market Account, Charles Schwab, Indianapolis, Indiana | $100,001 - $250,000 | Interest | $15,001 - $50,000 | N/A |
| JT | Savings Account, Norwest Bank, Monticello, Indina | $1,001 - $15,000 | Interest | $1 - $200 | N/A |
| | IRA, Charles Schwab, Indianapolis, Indiana | $1,001 - $15,000 | Interest | $201 - $1,000 | N/A |
| SP | IRA, Charles Schwab, Indianpolis, Indiana | $100,001 - $250,000 | Interest | $5,001 - $15,000 | N/A |
| | Savings Account, Wright Patman Cong. FCU, Washington, DC | $1,001 - $15,000 | Interest | $1 - $200 | N/A |

# SCHEDULE III - ASSETS AND "U

Na Stephen Earle Buyer



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Checking Account, Wright Patman Cong. FCU, Washington, DC | $15,001 - $50,000 | NA | NONE | N/A |
| JT | Checking Account, Norwest Bank, Monticello, Indiana | $1,001 - $15,000 | Interest | $201 - $1,000 | N/A |
| JT | Law Office, 103 W. Broadway, Monticello, Indiana | $50,001 - $100,000 | Rent | $5,001 - $15,000 | N/A |
| JT | Dell Computer, Common Stock | $100,001 - $250,000 | NA | NONE | carry over from 2000 |
| JT | Dell Computer, Common Stock | $50,001 - $100,000 | NA | NONE | carry over from 2000 |
| JT | American Ecology Corporation, Common Stock | $1,001 - $15,000 | Capital Loss | NONE | S |

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# SCHEDULE IV - TRANSACTIONS

Na Stephen Earle Buyer



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | American Ecology Corporation, Common Stock | S | 2-4-00 | $1,001 - $15,000 |

# SCHEDULE V - LIABILITIES

Na Stephen Earle Buyer



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| JT | Norwest Mortgage, Monticello, Indiana | Mortgage on Law Office, 103 W. Broadway, Monticello, Indiana | $50,001 - $100,000 |

HAND DELIVER

(9)

LEGISLATIVE RESOURCE CENTER

2001 MAY 14 PM 2:50

(Office Use Only) MC

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** Page 1 of 10

For use by Members, officers, and employees

Herbert Leon Callahan
(Full Name)

3251 Rivere Du Chien Drive Mobile, AL 36693
(Mailing Address)

334-690-2811
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ✓ Member of the U S House of Representatives | State AL District 01 | Officer Or Employee / Employing Office |
| **Report Type** | ✓ Annual (May 15) | Amendment | Termination / Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ✓ | No |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes | No ✓ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ✓ | No |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ✓ | No |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ✓ | No |
| VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes | No ✓ |
| VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ✓ | No |
| VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ✓ | No |
| IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes | No ✓ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes | No ✓ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes | No ✓ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | H L Callahan | 5/11/01 |

# SCHEDULE I - EARNED INCOME



**List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.**

| Source | Type | Amount |
|---|---|---|
| House of Representatives | Salary | $140,917 |
| Furniture Leasing Corporation | Spouse salary | N/A |
| Nova Staff LLC (an employee leasing agency reporting for Furniture Leasing Corporation) | Spouse salary | N/A |

# SCHEDULE III - ASSETS AND "U

Na Herbert Leon Callahan



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| AmSouth Bank | $100,001 - $250,000 | INTEREST | $201 - $1,000 | |
| Federal Credit Union | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| Regions Bank | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | |
| The Finch Companies | $100,001 - $250,000 | INTEREST | $5,001 - $15,000 | |
| AXA Financial, Inc. | $1 - $1,000 | DIVIDENDS | $1 - $200 | P |
| MSDW Liquid Asset Fund | $1 - $1,000 | DIVIDENDS | $201 - $1,000 | P |

# SCHEDULE III - ASSETS AND "U

Na Herbert Leon Callahan



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>if other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| From Sub "S" Corporation pass through items-Furniture Leasing Corp. | $1,000,001 - $5,000,000 | DIVIDENDS | $100,001 - $1,000,000 | |
| From partnership pass through items H B Development | $15,001 - $50,000 | RENT | $201 - $1,000 | |
| H B Development | | INTEREST | $201 - $1,000 | |
| H B Development | | CAPITAL GAINS | $5,001 - $15,000 | |
| Double M Joint Venture | $15,001 - $50,000 | CAPITAL GAINS | $1 - $200 | |
| Choctaw County Alabama camp | None | Other: None | NONE | S |

# SCHEDULE III - ASSETS AND "U

Na Herbert Leon Callahan



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Corte Business Services-common stock | None | DIVIDENDS | NONE | S |
| Checkers Drive In Restaurants, Inc.-common stock | $1,001 - $15,000 | DIVIDENDS | NONE | |
| Atmel | $1,001 - $15,000 | DIVIDENDS | NONE | P |

# SCHEDULE IV - TRANSACTIONS

Na Herbert Leon Callahan



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Corte Business Services-common stock | S | 02/24/00 | $1,001 - $15,000 |
| | Choctaw County Alabama camp-This facility was a hunting camp and was abandoned | S | 06/01/00 | none |

# SCHEDULE V - LIABILITIES



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Southtrust Bank | Personal | $10,001 - $15,000 |

# SCHEDULE VII - TRAVEL PAYMENTS

Na Herbert Leon Callahan



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| United States-Asia Foundation | Jan 9-11 | Mobile, Alabama-China | Y | Y | Y | none |
| The World Foundation | July 1-10 | Mobile, Alabama-South Africa | Y | Y | Y | none |

# SCHEDULE VIII - POSITIONS

Na Herbert Leon Callahan



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise; any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | Double M Joint Venture |
| Partner | H B Development |
| Chairman | Furniture Leasing Corporation |

SONNY CALLAHAN
First District, Alabama

OFFICES:
2372 Rayburn Building
Washington, DC 20515
(202) 225-4931
Fax (202) 225-0562

1141 Montlimar Drive
Suite 3010
Mobile, AL 36609
(334) 690-2811 or
1-800-288-USA1
Fax (334) 342-0404

# Congress of the United States
## House of Representatives
Washington, DC 20515-0101

COMMITTEE ON
APPROPRIATIONS

Subcommittees

CHAIRMAN
Energy and Water
Development

Foreign Operations,
Export Financing and
Related Programs

Transportation

ASSISTANT WHIP

June 1, 2001

Mr. Jeff Trandahl
Clerk of the House of Representatives
H154, The Capitol
Washington, DC 20515

MC

Dear Mr. Trandahl:

Re: Honorable Herbert Leon Callahan
AL 01
Financial Disclosure Statement 2000

Please include the following with my disclosure statement for the year 2000.

Schedule 111 – Assets
HB Development Venture is a real estate partnership located in Mobile, Alabama.

Double-M Joint Venture is a real estate partnership located in Mobile, Alabama.

Schedule IV – Transactions
Atmel is common stock publicly traded on the Nasdaq exchange and was purchased on 10/05/00 for an amount between $1,000 and $15,000.

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01 JUN -6 PM 4:21

Thank you for your attention to this matter. With kind regards, I am

Sincerely,

Sonny Callahan
Member of Congress

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

(9)

CLERK'S OFFICE RECEIVING CENTER

2001 MAY 15 PM 6:09

(Office Use Only)

KENNETH STANTON CALVERT
(Full Name)

2201 Rayburn Building
(Mailing Address)

(202) 225-1986
Daytime Telephone

Washington, D.C. 20515

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: CA District: 43rd | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Kenneth S. Calvert | 5-15-01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | -NONE- | | |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples.* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| -None- | | | |

This page may be copied if more space is required.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | | Block B: Value of Asset | Block C: Type of Income | | | | | | Block D: Amount of Income | | | | | | | | | | | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* | SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Commercial Rental 63 W Grand,Corona,CA | | | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | Vacant Land Greenway Farms,TX | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | Note Receivable Calvert Real Prop,Inc | | | | | | X | | | | | | | | | | X | | | | | | | | | | | X | | | | | |
| | Stock,Calvert Real Prop, FNC,Corona,CA | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Land,Temescal Creek Corona, CA | | | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name KENNETH STANTON CALVERT

Page 5 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify) | I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000 | P, S, E |
| | Comm'l Rental 27% | | | | |
| | Main/Washburn,Corona | F X | RENT X | III X | |
| | Note Receivable | | | | |
| | Temescal Int. Prop | C X | INTEREST X; CAPITAL GAINS X | VI X | S |
| | Vacant Land,Corona,CA | | | | |
| | Grand/Blaine LLC 12.5% | F X | RENT X | VI X | *S/E |
| | ~~Citizens Bus BAnk~~ Personal Accomodation a/c Grand/Blaine LLC | | | | |
| | Citizens Bus Bank-Corona | | | | |
| | Personal checking A/C | B X | | | |
| | Personal savings A/C | F X | | | |

* Cash held in Citizens Personal Accomodation account

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## SCHEDULE IV — TRANSACTIONS

Name KENNETH STANTON CALVERT



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Note Receivable - Temescal Int. Prop - PAID IN FULL | | X | | 8-14-00 | | X | | | | | | | | |
| | Vacant Land, Corona, CA | | | | | | | | | | | | | | |
| | Grand/Blaine LLC | | *X | X | 7-3-00 | | | | X | | | | | | |
| | *~~Sold~~ above referenced property in 2000;will exchange new property in 2001. | | | | | | | | | | | | | | |

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Name KENNETH STANTON CALVERT Page 7 of 9

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | Citizens Business Bank, Corona, CA | Mortgage: 63 W. Grand Corona, CA | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| -None- | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Generic Pharmaceutical Assoc. | Nov. 8-10 | Ontario-Las Vegas-Ont | Y | Y | N | Yes |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | -None - |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | -None- | |
| | | |
| | | |
| | | |
| | | |
| | | |



**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 22 AM 9:50
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(HOME USE ONLY)

David Lee Camp
(Full Name)

5901 Woodview Pass
(Mailing Address)

(989) 225-3501
(Daytime Telephone)

Midland, MI 48642

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State ____ District ____ | [ ] Officer or Employee — Employing Office ____ |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date ____ |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [X] No [ ]

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Dave Camp | 5/22/01 |

Name David Lee Camp | Page 1 of 1

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | None | | |

**For payments to charity in lieu of honoraria, use Schedule II.**

Name David Lee Camp | Page 1 of 1

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| None | | | |

**This page may be copied if more space is required.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Lee Camp

Page 1 of 4

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* | SP | Mega Corp Stock | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Chemical Bank & Trust-Ckng | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Chemical Financial Corp-Stock | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | American Home Products-Stock | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Cisco Systems-Stock | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | Comerica, Inc.-Stock | | | | | X | X | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | Dow Chemical Co.-Stock | | | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Lee Camp

Page 2 of 4

| BLOCK A Asset and/or Income Source | SP, DC, JT | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H J Heinz-Stock | | | | | | x | | | | | | | | x | | | | | | | | | | x | | | | | | | | |
| Home Depot-Stock | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | | | | | |
| VanKampen Municipal Trust | | | | x | | | | | | | | | | x | | x | | | | | | | x | | | | | | | | | |
| A G Edwards-Centennial MMF | | | | x | | | | | | | | | | x | | | | | | | | | x | | | | | | | | | |
| A G Edwards - IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Centennial MMF | | | | x | | | | | | | | | | x | | | | | | | | X | | | | | | | | | | |
| Bond Fund of America | | | | | X | | | | | | | | | x | | | | | | | | | | | x | | | | | | | |
| Bank of America-Stock | | | | x | | | | | | | | | | x | | | | | | | | | x | | | | | | | | | |
| Chemical Financial Corp-Stock | | | | | x | | | | | | | | | x | | | x | | | | | | x | | | | | | | | | |
| H J Heinz-Stock | | | | x | | | | | | | | | | x | | | | | | | | | x | | | | | | | | | |
| Seligman CMMNCTNS-Fund | | | | | X | | | | | | | | | x | | | | | | | X | | | | | | | | | | | |
| Seligman Growth-Fund (Global) | | | | | | x | | | | | | | | x | | | | | | | X | | | | | | | | | | | |
| Seligman Henderson-Fund | | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| Abbott Laboratories-Stock | | | | | | x | | | | | | | | x | | | | | | | | | | X | | | | | | | | |
| Agilent Technologies-Stock | | | | x | | | | | | | | | | x | | | | | | | X | | | | | | | | | | | E (From Hewlett Packard) |
| American Waterworks-Stock | | | | | x | | | | | | | | | x | | | | | | | | | | X | | | | | | | | |
| Automatic Data Process-Stock | | | | | | x | | | | | | | | x | | | | | | | | | x | | | | | | | | | |
| Bank of America-Stock | | | | | X | | | | | | | | | x | | | | | | | | | x | | | | | | | | | P |
| Compuware-Stock | | | | x | | | | | | | | | | x | | | | | | | X | | | | | | | | | | | |
| Walt Disney-Stock | | | | | X | | | | | | | | | x | | | | | | | | | x | | | | | | | | | |
| General Electric-Stock | | | | | | x | | | | | | | | x | | | | | | | | | x | | | | | | | | | |
| Gillette-Stock | | | | | X | | | | | | | | | X | | | | | | | | | x | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Lee Camp

Page 3 of 4

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1-$1,000 | C $1,001-$15,000 | D $15,001-$50,000 | E $50,001-$100,000 | F $100,001-$250,000 | G $250,001-$500,000 | H $500,001-$1,000,000 | I $1,000,001-$5,000,000 | J $5,000,001-$25,000,000 | K $25,000,001-$50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1-$200 | III $201-$1,000 | IV $1,001-$2,500 | V $2,501-$5,000 | VI $5,001-$15,000 | VII $15,001-$50,000 | VIII $50,001-$100,000 | IX $100,001-$1,000,000 | X $1,000,001-$5,000,000 | XI Over $5,000,000 | P, S, E |
| | Avaya, Inc.-Stock | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | E (From Lucent) |
| | Express Scripts-Stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | S |
| | Hewlett Packard-Stock | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Intel-Stock | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Pfizer-Stock | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | Sprint Corp. (FON)-Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | Sprint Corp. (PCS)-Stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Verizon-Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | E (From GTE) |
| | Elan Corp. PLC ADR-Stock | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | Lucent Technologies-Stock | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| | Sara Lee-Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | Colgate Palmolive-Stock | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Medtronic-Stock | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| | Schering Plough-Stock | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Dell Computer-Stock | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Psinet - Stock | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | Wells Fargo - Stock | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| | A G Edwards-Cash | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Kell Trust U/A 03-05-98 | | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | |
| | FBO N.L. Camp, Grantor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Robert Kell "Excepted Trust" | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dow Chemical Co. 401(K) | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Lee Camp

Page 4 of 4

| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Mich. State Empl. Def. Com | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Kimberly Clark-Stock | X | | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | S |
| | Proctor & Gamble-Stock | X | | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | S |
| | Warner Lambert-Stock | X | | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | S |
| | GTE Corporation-Stock | X | | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | E (For Ser Con) |

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## SCHEDULE IV — TRANSACTIONS

Name David Lee Camp

Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Express Scripts-Stock | | X | | 09-26-00 | | X | | | | | | | | |
| | H J Heinz-Stock | | X | | 03-24-00 | | X | | | | | | | | |
| | Kimberly Clark-Stock | | X | | 09-26-00 | | X | | | | | | | | |
| | Proctor & Gamble-Stock | | X | | 03-24-00 | | X | | | | | | | | |
| | Elan Corporation PLC ADR-Stock | X | | | 01-06-00 | X | | | | | | | | | |
| | Lucent Technologies-Stock | X | | | 01-06-00 | | X | | | | | | | | |
| | Bank of America-Stock | X | | | 01-06-00 | X | | | | | | | | | |
| | Medtronic-Stock | X | | | 01-06-00 | X | | | | | | | | | |
| | Sprint Corporation (FON Group)-Stock | X | | | 01-06-00 | X | | | | | | | | | |
| | Cisco Systems-Stock | X | | | 09-26-00 | X | | | | | | | | | |
| | Pfizer-Stock | X | | | 04-03-00 | X | | | | | | | | | |
| | Psinet - Stock | X | | | 04-04-00 | X | | | | | | | | | |
| | Sara Lee-Stock | X | | | 04-03-00 | X | | | | | | | | | |
| | Wells Fargo & Company-Stock | X | | | 01-06-00 | X | | | | | | | | | |
| | Verizon (From GTE Corp.)-Stock | | | X | 06-30-00 | | X | | | | | | | | |
| | Agilent Technologies, Inc. (From Lucent)-Stock | | | X | 06-14-00 | X | | | | | | | | | |

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| Name | David Lee Camp | Page 1 of 1 |
|---|---|---|

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| Example: | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | A.G. Edwards & Sons, Inc. | Margin Account | x | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| None | | | | | | | |

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| Name | David Lee Camp | Page 1 of 1 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| None | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 2001 70-729 (mac)

**Use additional sheets if more space is required.**

ERIC CANTOR
7TH DISTRICT, VIRGINIA
COMMITTEES:
FINANCIAL SERVICES
SUBCOMMITTEES:
FINANCIAL INSTITUTIONS AND CONSUMER CREDIT
HOUSING AND COMMUNITY OPPORTUNITY
OVERSIGHT AND INVESTIGATIONS
INTERNATIONAL RELATIONS
SUBCOMMITTEES:
MIDDLE EAST AND SOUTH ASIA
EUROPE
ASSISTANT MAJORITY WHIP

# Congress of the United States
## House of Representatives
Washington, DC 20515–4607

WASHINGTON OFFICE:
429 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
202-225-2815
FAX: 202-225-0011
RICHMOND OFFICE:
9600 STAPLES MILL CIRCLE, SUITE 110
RICHMOND, VA 23060
804-741-2071
FAX: 804-741-5308
FREDERICKSBURG OFFICE:
1761 MARYE STREET, SUITE 201
FREDERICKSBURG, VA 22401
540-371-8940
FAX: 540-371-8964
WWW.CANTOR.HOUSE.GOV
ERIC.CANTOR@MAIL.HOUSE.GOV

HANDD DELIVERED
01 MAY 15 PM 12:26
RECEIVED
OFFICE OF THE CLERK

May 15, 2001

The Honorable Jeff Trandahl
Clerk, U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515

Dear Mr. Trandahl:

Enclosed please find my Financial Disclosure Statement for 2000. Some of the assets appearing for the first time on Schedule III were inadvertently omitted from my Financial Disclosure Statement, Form B covering the period January 1, 1999 – May 12, 2000. Most of the omitted securities are held in joint tenancy by my wife and her mother. All such assets are now included on the enclosed Schedule III which shall also serve as an amendment to Schedule II of the aforementioned Financial Disclosure Statement, Form B covering the first four months for the Year 2000.

There are additional assets appearing for the first time which were acquired by my wife after the last reporting period through the same joint tenancy relationship with her mother and through an additional joint tenancy account established by my wife and her sister. All of these new assets are indicated on the Disclosure Statement with an "I" in the transaction column on Schedule III.

Sincerely,

Eric Cantor

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

01 MAY 15 PM 12:26

HAND DELIVERED

(Office Use Only)

Eric Ivan Cantor
(Full Name)
6004 Oxbury Court, Glen Allen VA 23059
(Mailing Address)
Daytime Telephone (202) 225-2815

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State Virginia District 7 | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Eric Cantor | 5/15/01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Virginia House of Delegates | Salary | $27,300 |
| | Cantor & Cantor | ordinary income | $67,900 |
| | Virginia College Savings Plan - Commonwealth of VA. | spouse salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Eric I Cantor | Page 2 of 13

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | B: None (A) | B: $1 – $1,000 | C: $1,001 – $15,000 | D: $15,001 – $50,000 | E: $50,001 – $100,000 | F: $100,001 – $250,000 | G: $250,001 – $500,000 | H: $500,001 – $1,000,000 | I: $1,000,001 – $5,000,000 | J: $5,000,001 – $25,000,000 | K: $25,000,001 – $50,000,000 | L: Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I: None | II: $1 – $200 | III: $201 – $1,000 | IV: $1,001 – $2,500 | V: $2,501 – $5,000 | VI: $5,001 – $15,000 | VII: $15,001 – $50,000 | VIII: $50,001 – $100,000 | IX: $100,001 – $1,000,000 | X: $1,000,001 – $5,000,000 | XI: Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Examples: SP | Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| Examples: | Simon & Schuster | Indefinite | | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| Examples: | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | TrustMor Mortgage Co. Stock Richmond VA: mortgage banker | | | | | | X | | | | | | | | | | | | | Partnership Income | | | | | | | X | | | | | |
| | Crown Development Co., LLC stock Richmond, VA: real estate development | | | | X | | | | | | | | | | | | | | | Partnership Income | | | | | | X | | | | | | |
| | CLM Acceptance Co. stock Richmond, VA: Account factoring | | | X | | | | | | | | | | | | | | | | Subchapter S income | | | | | | X | | | | | | |
| | CLM Financial Co. Stock Richmond VA: Account factoring | | | X | | | | | | | | | | | | | | | | Sub S income | | | | | | X | | | | | | |
| | Water Tower Associates, Inc. stock Richmond VA: Real Estate development | | | | X | | | | | | | | | | | | | | | Subs income | | | | | | | X | | | | | |
| | Cantor & Cantor Partnership share Richmond VA: law firm | | | | | | X | | | | | | | | | | | | | Partnership Interest | X | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eric I Cantor

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| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P. S. E. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Virginia Prepaid Education Program | | | | X | | | | | | | | | | | | | | | NA | X | | | | | | | | | | | |
| | Virginia Prepaid Education Program | | | | X | | | | | | | | | | | | | | | NA | X | | | | | | | | | | | |
| | Virginia Education Savings Trust | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Virginia Education Savings Trust | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Virginia Credit Union | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Richmond Resources 401(K) API Growth Fund | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Richmond Resources 401(K) API Growth Fund | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | API Growth Fund | | | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | ECI Telecom Ltd | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Telephone & Data System Inc | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Richmond Resources Ltd. Note Receivable | | | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | Loan to Cantor for Congress | | | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | Chubb Corp. stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Paxar Corp. stock | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | Walt Disney Corp. stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | Evergreen MMA-U.S. Gov't Sec. | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | DuPont stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Markel Corp. stock | | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | |
| | Telephone & Data Sys. stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | S (partial) |
| | Williams Companies stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | Alltel Corp. stock | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | AT&T Corp - Liberty Media stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eric I. Cantor

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| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Leap Wireless Int'l stock | | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | |
| | Lucent Technologies Inc. stk | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | Nat'l Semiconductor stk | | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | |
| | News Corp. Ltd. ADR New stk | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | North Fork Bancorp Inc. stk | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Pronet Recovery Group Int'l Stock | | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | |
| | Qualcomm Inc. stock | | | | | | X | | | | | | | | | | X | | | | X | | | | | | | | | | | |
| | Schlumberger Ltd. stock | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Target Corp. stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Telephone + Data Sys. Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | S (partial) |
| | Transocean Sedco Forex Inc. stk | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | First Eagle Soger Global Fund | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | Bank of America - MMA | | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Goldman Sachs Stable Value | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Goldman Sachs Financial Square | X | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |
| | Goldman Sachs Short Dur. Gb't | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | MAS Funds - Fixed Inc. Portfolio | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Goldman Sachs Global Income | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Goldman Sachs High Yield Bond Fund | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | P |
| | Goldman Sachs Core Fixed Income | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | Goldman Sachs Real Estate Secs. Fund | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | Goldman Sachs Growth & Income | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eric I Cantor

Page 5 of 13

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| | SSGA S+P 500 Index | C | INTEREST | I None | |
| | Goldman Sachs CORE U.S. Equity | E | INTEREST | I None | |
| | Janus Cap. Corp Growth Fund | C | INTEREST | I None | |
| | Goldman Sachs Mid Cap Value Equity | D | INTEREST | IV $1,001 – $2,500 | |
| | SG Cowen Small Cap Equity | C | INTEREST | I None | |
| | Goldman Sachs Internat'l Equity | C | INTEREST | I None | P |
| | Goldman Sachs CORE Small Cap Equity | C | INTEREST | I None | P |
| | T. Rowe Price Foreign Equity Fund | C | INTEREST | I None | |
| | GMO & Co. Int'l Core Fund | A | INTEREST | I None | S |
| | Pequot Cap. Mgt. U.S. Equity Hedged | C | INTEREST | IV $1,001 – $2,500 | |
| | Omega Advisors Hedge Fund | C | INTEREST | I None | |
| | Ardsley Advisors Emerging Mkts Fund | A | INTEREST | I None | S |
| | Capital Guardian Trust Emerging Mkts | C | INTEREST | I None | P |
| | Congregation Or Atid Bond | A | INTEREST | I None | |
| | Metrokedia Intl 7.25% Conv. Pfd | A | EXCEPTED TRUST | II $201 – $1,000 | |
| | Virginia Retirement System | A | EXCEPTED TRUST | NA | |
| | Virginia Retirement System | A | EXCEPTED TRUST | NA | |
| | CLM Capital Inc. Richmond, VA Accounting | C | EXCEPTED TRUST | Sub S income | X |
| | Indian Trail Groves Ltd Partnership Lorahatchee, FL: Orange groves | C | EXCEPTED TRUST | I None | |
| | Stone Street Fund 1940, LLP Goldman Sachs & Co., NY, NY | C | EXCEPTED TRUST | II $201 – $1,000 | |
| UP | Stone Street Real Estate Fund 1940 Goldman Sachs & Co., NY, NY | A | EXCEPTED TRUST | Ltd. Partnership interest | |
| | Beechwood Partners Inc. Richmond, VA: land development | A | EXCEPTED TRUST | Subchapter S Income | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eric I. Cantor

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| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Heritage Cash Trust - Diamond James | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | AT&T Corp. Stock | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | AT&T Corp Com Liberty Grp A stk | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Allied Cap Corp. New Stock | | | | X | | | | | | | | | X | | | | | | | | | | X | X | | | | | | | |
| | Archer Daniels Midland Co. stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Consolidated Edison stock | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | I |
| | First Union Corp. Stock | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | General Motors Corp. stock | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | General Motors Corp (Class H) stock | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | Goldman Sachs Group inc stock | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Lucent Technologies Inc. stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | Newmont Mining Corp. stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Pixar Corp. stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Reliant Energy Inc. stock | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | Rio Tinto ADR (UK) | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Royal Bank of Scotland non cum pfd stk | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Sara Lee Corp. stock | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Schlumberger Ltd. Stock | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Stage II Apparel Corp. stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Telephone & Data Systems Inc. stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | S (partial) |
| | Viacom Inc. Class A stk | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Williams Companies Inc. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eric I. Cantor

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| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X Over $1,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Xerox Corp. stock | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | P |
| | Transocean Sedco Forex Inc. | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| | Franklin Fed'l. Tax-free Fund | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | I |
| | Lord Abbott Global Fund | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Phoenix Goodwin Multi-Sector Fund | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | VanKampen Muni. Inc. Fund | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | I |
| | Clay County FL Housing Finance Authority Bond | | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | FL St. Brd of Education Capital Outlay G.O. Bond | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Hillsborough Cty FL Aviation Auth. Bond | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | I |
| | Lee Cty FL Cap. Transportation Pass Through Rev. Bond | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Orlando Orange Cty Exp. Authority Bond | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Philadelphia PA Industrial Dev. Authority Bond | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | N.H. Electric & Gas Corp. Bond | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Tampa Electric Co. - Corporate Bond | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Fed'l National Mortge Assn. Series 93-021 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | FNMA Series 94-036 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | AT&T Capital 8.25% public inc. notes | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | AT&T Capital Trust II 8% | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Consumers Energy Co. Financing III 9.25% | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Metromedia Int'l Group Inc. Sub. Conv. | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Pacificorp Cap. I Series A 8.25% Trust Secs | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Jos. E. Seagram & Sons 8% $25 per sh. Qu. Pds | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eric I. Cantor

Page 8 of 13

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | TDS Capital I 8.5% Trust Pfd Sec. | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | TVA 6.5% Pfd 865 # 25 par un Pfd Securities | | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Travelers/Aetna Pfd Securities | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Crown Amer Rlty Trust (REIT) | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | United Dominion Realty Trust (REIT) | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Capital Re Corp. LLC 3.65 Mtgs B/E | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Chiquita Brands Int'l Pfd Conv | X | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | WHX Corporation Conv. Pfd Series B | X | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Bank of America checking savings | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | SunTrust checking account | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Citizens Communications Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Jefferson Pilot Corp. stock | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Royal Dutch Petroleum Co. stock | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | SunTrust Bank Inc. stock | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Weyerhaeuser Co. stock | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Saltmore Bros. High Inc. Fund | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Anheuser-Busch Cos. Inc. Notes | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Sears Roebuck Acceptance Corp. Notes | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
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## SCHEDULE IV — TRANSACTIONS

Name Eric I. Cantor



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Telephone & Data Systems Inc. Stock | | X | | 9-25-00 | X | | | | | | | | | |
| | Williams Companies Inc. Stock | X | | | 9-25-00 | X | | | | | | | | | |
| | Caci International Inc. Stock | | X | | 1-05-00 | X | | | | | | | | | |
| | Walt Disney Comp. Stock | X | | | 1-05-00 | X | | | | | | | | | |
| | Telephone & Data Systems Inc. Stock | | X | | 9-25-00 | X | | | | | | | | | |
| | Lucent Technologies | X | | | 9-25-00 | X | | | | | | | | | |
| | Electric Fuel Corp. Stock | X | | | 3-15-00 | X | | | | | | | | | |
| | Goldman Sachs Financial Square Money Market | | X | | 9-1-00 | X | | | | | | | | | |
| | Goldman Sachs Core Fixed Income Fund | X | | | 9-1-00 | | X | | | | | | | | |
| | Goldman Sachs High Yield Bond Fund | X | | | 9-1-00 | X | | | | | | | | | |
| | Goldman Sachs Real Estate Securities Fund | X | | | 9-1-00 | X | | | | | | | | | |
| | Goldman Sachs Growth & Income Fund | X | | | 9-1-00 | X | | | | | | | | | |
| | Goldman Sachs Core Small Cap Equity Fund | X | | | 9-1-00 | X | | | | | | | | | |
| | GMO & Co. Int'l Core Fund | | X | | 9-1-00 | X | | | | | | | | | |
| | Goldman Sachs Int'l Equity Fund | X | | | 9-1-00 | X | | | | | | | | | |
| | Ardsley Advisory Partners Emerging Mkts Fund | | X | | 9-1-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Eric I. Cantor Page 10 of 13

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H1 $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Capital Guardian Trust Mgt. Co. Emerging Markets Fund | X | | | 9-1-00 | X | | | | | | | | | |
| | BNY Capital II Tr Pfd Securities | | X | | 7-17-00 | X | | | | | | | | | |
| | CFW Communication Company Stock | | X | | 9-11-00 | X | | | | | | | | | |
| | CK Witco Corp. stock | | X | | 1-06-00 | X | | | | | | | | | |
| | Chiquita Brands Int'l Inc. Pfd. Conv. CL B | | X | | 12-04-00 | X | | | | | | | | | |
| | Compaq Computer Corporation Stock | | X | | 7-17-00 | X | | | | | | | | | |
| | Firstenergy Corporation Stock | | X | | 7-17-00 | X | | | | | | | | | |
| | Helix Technology Corporation Stock | | X | | 7-17-00 | X | | | | | | | | | |
| | Ivax Corporation Stock | | X | | 7-17-00 | | X | | | | | | | | |
| | NCR Corporation New Stock | | X | | 7-17-00 | X | | | | | | | | | |
| | Nuveen Mun. Value Fund Inc. | | X | | 7-17-00 | X | | | | | | | | | |
| | Pepsico Incorporated Stock | | X | | 7-17-00 | X | | | | | | | | | |
| | Seagram Limted Stock (Canada) | | X | | 9-22-00 | X | | | | | | | | | |
| | Supervalu Incorporated Stock | | X | | 7-17-00 | X | | | | | | | | | |
| | Telephone + Data Systems Inc. Stock | | X | | 9-22-00 | X | | | | | | | | | |
| | Tennessee Valley Auth. 7.50% Qtrly Int. Nest | | X | | 7-17-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Eric I. Cantor Page 11 of 13

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H1 $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | VanKampen Am. Cap. Equity Unit 19 Trust | | X | | 9-26-00 | X | | | | | | | | | |
| | VanKampen Senior Income Trust Fund | | X | | 7-17-00 | X | | | | | | | | | |
| | WHX Corp. Series B Conv. Prfd Stock | | X | | 12-04-00 | X | | | | | | | | | |
| | General Motors Corp Stock (Class H) | X | | | 4-18-00 | | X | | | | | | | | |
| | Lucent Technologies Inc. Stock | X | | | 9-22-00 | | X | | | | | | | | |
| | Williams Companies Inc. Stock | X | | | 7-17-00 | | X | | | | | | | | |
| | XEROX Corporation Stock | X | | | 9-22-00 | X | | | | | | | | | |
| | Maytag Corporation Stock | | X | | 8-9-00 | | X | | | | | | | | |
| | Citizens Utilities Company | X | | | 2-25-00 | X | | | | | | | | | |
| | Salomon Bros. High Income Fd II | X | | | 8-9-00 | X | | | | | | | | | |
| | Sears Roebuck Acceptance Corp. Notes | X | | | 8-9-00 | | X | | | | | | | | |
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Name Eric I. Cantor | Page 12 of 13

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | First Union Securities (Loan was satisfied during the year) | Margin Loan | | | | X | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
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**Use additional sheets if more space is required.**

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Trustee | Virginia Holocaust Museum |
| Trustee | Elk Hill Farm for Boys |
| President | Virginia - Israel Foundation |
| Vice Pres. / Director | CLM Capital Inc. |
| Vice Pres. / Director | Water Tower Associates |
| Manager | Crown Development Co., L.L.C. |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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Use additional sheets if more space is required.

# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



MAY 14 2001

2001 MAY 17 AM 11:15

HC

(Office Use Only)

Shelley Moore Capito
(Full Name)

2 Comstock Place Charleston, WV 25314
(Mailing Address)

202-225-2711
Daytime Telephone

**Filer Status** ✓ Member of the U.S. House of Representatives — State: WV District: 02 — Officer Or Employee — Employing Office:

**Report Type** ✓ Annual (May 15) — Amendment — Termination — Termination Date

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ✓ No
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes No ✓
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ✓ No
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ✓ No
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ✓ No
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? Yes No ✓
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? Yes No ✓
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ✓ No
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes No ✓
If yes, complete and attach Schedule IX.

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**Trusts--** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes No ✓

**Exemptions--** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes No ✓

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief

Signature of Reporting Individual: Shelley Moore Capito

Date (Month, Day, Year): 5-13-2001

# SCHEDULE I - EARNED INCOME



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Salomon Smith Barney | Spouse Salary | N/A |
| WV House of Delegates | Salary | $15,567 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Smith Barney Money Funds | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| Citigroup Inc | $500,001 - $1,000,000 | DIVIDENDS | $5,001 - $15,000 | |
| Verizon Communications Inc | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| Independent Community Bankshares | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| BB&T Corp | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| Tri-Star Resources | $1,001 - $15,000 | DIVIDENDS | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| WV General Oblig. State Road | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| Jefferson County WV Bond | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| WV Water Dev Auth Revenue Bond | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| Smith Barney Money Funds-IRA | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| Smith Barney Large Cap Value Fund-IRA | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | |
| Edgewood Country Club | $1,001 - $15,000 | N/A | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Smith Barney Money Funds | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | Huntington Bancshares Inc | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Smith Barney Money Funds | $1 - $1,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Bristol Myers Squibb Co | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Coca-Cola Co | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | Walt Disney Co | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito



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|---|---|---|---|---|---|
| SP | Exxon Corp | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | General Electric Co | $100,001 - $250,000 | DIVIDENDS | $1,001 - $2,500 | |
| SP | General Motors Corp | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Huntington Bancshares Inc | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | Intel Corp. | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| SP | IBM Corp | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito Page 7 of 19

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year |
|---|---|---|---|---|---|
| SP | Microsoft Corp | None | DIVIDENDS | NONE | S |
| SP | Norfolk Southern Corp | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | PS |
| SP | BB&T Corp. | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Royal Dutch Petroleum Co | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Charleston WV Bond | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| SP | WV State Infrastructure G/O | $1,001 - $15,000 | INTEREST | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito



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|---|---|---|---|---|---|
| SP | WV State Housing Dev Fund Hsg Fin | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| SP | Gillette Co | None | DIVIDENDS | $1 - $200 | S |
| SP | Citigroup Inc | $1,000,001 - $5,000,000 | DIVIDENDS/CAPITAL GAINS | $15,001 - $50,000 | PS |
| SP | Citigroup nonqual options | $100,001 - $250,000 | N/A | NONE | E |
| SP | Smith Barney Pension | $50,001 - $100,000 | DIVIDENDS<br>INTEREST | NONE | |
| SP | IRA-Smith Barney Money Fund Retirement Portfolio | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

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|---|---|---|---|---|---|
| SP | 401(k)-Citicorp Stock Fund | $100,001 - $250,000 | DIVIDENDS | N/A | |
| SP | 401(k)-Smith Barney Large Cap Value Fund | $250,001 - $500,000 | DIVIDENDS/CAPITAL GAINS | N/A | |
| SP | 401(k)-Smith Barney Aggressive Growth Fund | $100,001 - $250,000 | DIVIDENDS/CAPITAL GAINS | N/A | |
| SP | 401(k)-Smith Barney International Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | N/A | |
| DC | Cisco Systems Inc | $1,001 - $15,000 | DIVIDENDS | NONE | |
| DC | Citigroup Inc | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

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|---|---|---|---|---|---|
| DC | Investment Co. of America | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |
| DC | BB&T Corp | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| DC | Washington Mutual Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |
| DC | Chevron Corp | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| DC | Europacific Growth Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |
| DC | Investment Co. Of America | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |

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|---|---|---|---|---|---|
| SP | TRV Employees Fund, L.P. | $1,001 - $15,000 | INTEREST/CAPITAL GAINS | $1 - $200 | |
| SP | R-H Capital Partners, L.P. | $15,001 - $50,000 | INTEREST/CAPITAL GAINS | NONE | |
| SP | Vista Resources | $1,001 - $15,000 | Royalties | $201 - $1,000 | |
| SP | Alliance Petroleum | $1,001 - $15,000 | Royalties | $201 - $1,000 | |
| SP | Banc One Corp | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| SP | Proctor & Gamble Co | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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|---|---|---|---|---|---|
| SP | Jefferson Cnty WV Residential Mtg Rev | $1,001 - $15,000 | INTEREST | $1 - $200 | P |
| SP | WV Water Dev Auth Rev Loan Pg | $1,001 - $15,000 | INTEREST | $201 - $1,000 | P |
| SP | IRA-Smith Barney Money Funds | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | IRA-America Online | $1,001 - $15,000 | DIVIDENDS | NONE | |
| SP | IRA-Amgen Inc | $1,001 - $15,000 | DIVIDENDS | NONE | |
| SP | IRA-Coca-Cola Co | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME



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|---|---|---|---|---|---|
| SP | IRA-Gillette Co | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | IRA-Pfizer Inc | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | IRA-Tyco Intl. | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | IRA-United Parcel Service Inc | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | IRA-Worldcom Inc | $1,001 - $15,000 | DIVIDENDS | NONE | |
| DC | Intel Corp | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito



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|---|---|---|---|---|---|
| SP | Cisco Systems Inc | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| SP | SSB Capital Partners I, L.P. | $1,001 - $15,000 | INTEREST/CAPITAL GAINS | $1 - $200 | P |
| SP | Citigroup Employee Fund of Funds L.P. | $1,001 - $15,000 | INTEREST/CAPITAL GAINS | $1 - $200 | P |
| SP | WV St Univ & College St College Sys Rev Ref | $1,001 - $15,000 | INTEREST/CAPITAL GAINS | $1 - $200 | S |
| | Loan to Shelley Moore Capito for Congress Committee | $15,001 - $50,000 | INTEREST | NONE | |
| | WV Gen Obligation State Road Bond | $1,001 - $15,000 | INTEREST | $201 - $1,000 | P |

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset** at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset | Block C: Type of Income | Block D: Amount of Income | Block E: Transaction |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| SP | Mega Corp Stock | F | DIVIDENDS | VI | P |
| DC, *Examples* | Simon & Schuster | Indefinite | Royalties | IX | |
| JT | 1st Bank of Paducah, Ky accounts | F | INTEREST | VI | |
| | WV PUBLIC EMPLOYEES RETIREMENT SYSTEM | B | INTEREST | N/A | |

For additional assets and unearned income, use next page.

## SCHEDULE IV - TRANSACTIONS

Name Shelley Moore Capito



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | Gillette Co | S | 12-28-00 | $1,001 - $15,000 |
| SP | Microsoft Corp | S | 12-28-00 | $1,001 - $15,000 |
| SP | Cisco Systems Inc | P | 12-28-00 | $1,001 - $15,000 |
| SP | SSB Capital Partners I, L.P. | P | 10-18-00 | $1,001 - $15,000 |
| SP | Citigroup Employee Fund of Funds | P | 10-18-00 | $1,001 - $15,000 |
| SP | WV St Univ & College Sys Rev Ref | S | 04-01-00 | $1,001 - $15,000 |
| SP | Norfolk Southern Corp | PS | 09-20-00 P<br>12-28-00 S | $1,001 - $15,000 |
| SP | Citigroup Inc. Nonqualified Options from employment | P | 23 times-var. dates in 2000 | $100,001 - $250,000 |
| DC | BB&T Corp | S | 11-30-00 | $1,001 - $15,000 |
| DC | Intel Corp | P | 11-30-00 | $1,001 - $15,000 |
| SP | Citigroup Inc (*distribution from deferred comp plan) | * | 01-03-00 | $100,001 - $250,000 |
| SP | Citigroup Inc (*distribution from deferred comp plan) | * | 01-22-00 | $100,001 - $250,000 |

# SCHEDULE IV - TRANSACTIONS



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | Citigroup Inc--aggregate of 4 purchases < $1,000 | P | 3-14; 5-26; 8-29; 11-29-00 | $1,001 - $15,000 |
| SP | Citigroup Inc | S | 01-07-00 | $15,001 - $50,000 |
| SP | Citigroup Inc | S | 01-11-00 | $15,001 - $50,000 |
| SP | Citigroup Inc | S | 01-14-00 | $15,001 - $50,000 |
| SP | Citigroup Inc | S | 02-02-00 | $15,001 - $50,000 |
| SP | Citigroup Inc | S | 02-08-00 | $15,001 - $50,000 |
| SP | Citigroup Inc | S | 03-15-00 | $15,001 - $50,000 |
| SP | Citigroup Inc | S | 03-17-00 | $15,001 - $50,000 |
| SP | Citigroup Inc | S | 04-19-00 | $15,001 - $50,000 |
| SP | Citigroup Inc | S | 06-27-00 | $15,001 - $50,000 |
| | WV Gen Obligation State Road Bond | P | 02-02-00 | $1,001 - $15,000 |
| SP | Proctor & Gamble Co | P | 03-07-00 | $1,001 - $15,000 |

## SCHEDULE IV - TRANSACTIONS

Name Shelley Moore Capito



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | Jefferson Cnty WV Residential Mtg Rev | P | 03-02-00 | $1,001 - $15,000 |
| SP | WV Water Dev Auth Rev Loan Pg | P | 02-08-00 | $1,001 - $15,000 |
| SP | Proctor & Gamble Co | P | 12-28-00 | $1,001 - $15,000 |
| SP | Banc One Corp | P | 03-28-00 | $1,001 - $15,000 |

# SCHEDULE V - LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| SP | Salomon Smith Barney | Margin Loan | $100,001 - $250,000 |
| | Salomon Smith Barney | Margin Loan | $15,001 - $50,000 |

## SCHEDULE VIII - POSITIONS

**Name** Shelley Moore Capito



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director | Capitol Market |
| Board Member | Kanawha Scholars Fund-The Greater Kanawha Valley Foundation |
| Board Member | Susan G. Koman Race for the Cure-WV |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

MAY 1 7 2001
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LEGISLATIVE
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(Office Use Only) MC

LOIS G. CAPPS
(Full Name)

1428 CHAPALA STREET
(Mailing Address)

SANTA BARBARA, CALIFORNIA 93101

Daytime Telephone 805-730-1710

**Filer Status** [X] Member of the U.S. House of Representatives — State: District: [ ] Officer or Employee — Employing Office

**Report Type** [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Lois G. Capps | 5/12/01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontano County Board of Education | Spouse Salary | NA |
| | PUBLISHING HOUSE OF ELCA AUGSBURG FORTRESS | ROYALTIES | $615 |
| | HARPERCOLLINS PUBLISHERS | ROYALTIES | $133 |
| | UNIVERSITY OF SOUTH CAROLINA | ROYALTIES | $ 73 |
| | TAYLOR AND FRANCIS BOOKS, INC. | ROYALTIES | $ 40 |
| | BEACON PRESS | ROYALTIES | $243 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* | SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| | | | Simon & Schuster | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | SB MONEY FUND (IRA) | | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | AMGEN, INC. (IRA) | | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | CHURCH & DWIGHT (IRA) | | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | COMPAQ COMPUTER (IRA) | | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | FED NAT"L MRTG (IRA) | | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | LOWES COMPANIES (IRA) | | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LOIS G. CAPPS

Page 4 of 5

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | McKESSON HBOC (IRA) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | MEDTRONIC INC (IRA) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | NOKIA CORP (IRA) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | SUN MICROSYSTEMS (IRA) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | TARGET CORP (IRA) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | TYCO INTL (IRA) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | WORLDCOM (IRA) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | XEROX (IRA) | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | GEORGE PUTNAM SECURITY | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | PUTNAM TAX EXEMPT | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | PUTNAM GROWTH & INCOME | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | PUTNAM INT'L GROWTH | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | PUTNAM MMF | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | PUTNAM RESEARCH | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | PUTNAM TAX SMART | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | CONGRESSIONAL CREDIT U | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | MID STATE BANK | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | FIDELITY MAGELLAN | | | | | X | | | | | | | | X | | | X | | | | | | | | X | | | | | | | |
| | MID STATE BANCSHARES | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | METLIFE TRUST | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name LOIS G. CAPPS



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | CA TAX EXEMPT INCOME FUND | | X | | 05/23/00 | X | | | | | | | | | |
| | GEORGE PUTNAM FUND A | | X | | 05/23/00 | | X | | | | | | | | |

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NITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY -9 PM 3:45

MC (Office Use Only)

MICHAEL EVERETT CAPUANO
(Full Name)

172 CENTRAL ST.
SOMERVILLE, MA. 02145
(Mailing Address)

1-202-225-5111 or
1-617-621-6208
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: MASSACHUSETTS District: 8th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Michael E. Capuano | 5-7-01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Yoshida, Cecyle + Sokolski, P.C. Burlington, MA. 01803 | Spouse Salary | N/A |
| | Sole Proprietor - Accountant, Somerville, MA. 02145 | Spouse Salary | N/A |
| | CT+M, LLC - Somerville, MA. 02144 | Spouse Salary | N/A |
| | CVS - Cambridge, MA. | Son's Salary | N/A |
| | Harvard University, Cambridge, MA. | Son's Salary | N/A |
| | Harcourt Prof. Ed. Group, Chicago, IL. 60604 | Son's Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C. | Speech | Feb 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug 13, 2000 | $500 |
| Not Applicable | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael E. Capuano



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B: None | A $1 – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | L | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: None | I $1 – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | XI | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| DC | *Examples:* | | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | | P |
| JT | | | | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| JT | 172 Central St, Somerville MA | | | | | | | | X | | | | | | | X | | | | | Res dential 2 1/2 rental | | | | | | X | | | | | | | |
| JT | Hidden Valley, Tuftonboro, NH | | | | | | X | | | | | | | | | X | | | | | 2nd home periodically rented | | | | | X | | | | | | | | |
| JT | E. Cambridge Sav. Bk Camb, MA | | | | X | | | | | | | | | | | | X | | | | money mkt & ckg acct | | | X | | | | | | | | | | |
| JT | Sm School Emp FCU, Somerville MA | | | | | X | | | | | | | | | | | X | | | | CDs & savings acct | | | | X | | | | | | | | | |
| JT | Walt Disney Hldg. Co. Stk | | X | | | | | | | | | | | | X | | | | | | Stock | | X | | | | | | | | | | | |
| | Nationwide Deferral Rev Plan | | | | | X | | | | | | | | | | | | | | | Deferred Comp | X | | | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael E. Capuano



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Congress Fed. C.U. - DC | | X | | | | | | | | | | | | | X | | | | Checking + Sav. Acct. Loans Comp. PAID IN FULL | | X | | | | | | | | | | |
| | Capuano for Congress - LOAN | X | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | Fully Repaid during year |
| SP | TRANSAMERICA 401K PLAN | | | | | X | | | | | | | | | | | | | | 401K | X | | | | | | | | | | | |
| SP | FLEET BK - IRA | | | X | | | | | | | | | | | | | | | | IRA | X | | | | | | | | | | | |
| SP | CT+M, LLC - Somerville, MA | | | | | | X | | | | | | | | | X | | | | Member of LLC | | X | | | | | | | | | | |
| DC | PAX WORLD - Mutual Fund | | | | X | | | | | | | | | X | | | | | | Mutual Fund | | | | X | | | | | | | | |
| DC | Wintr Hill Fed Sav - Som MA | | | X | | | | | | | | | | | | X | | | | Cont of Dep. | | | X | | | | | | | | | |
| DC | Northwest Mutual Fund | | | X | | | | | | | | | | | | X | | | | Whole Life Policy | | | X | | | | | | | | | |
| | Federal Thrift Plan | | | X | | | | | | | | | | | | | | | | Deferred Comp - Federal | X | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Michael E. Cupuano



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT. | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP *Example* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| DC | Fidelity Puritan Mutual Fund | | X | | 9-14-00 | X | | | | | | | | | |
| DC | Fidelity Asset Manager | | X | | 9-14-00 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| JT | Bank of America, Getzville, NY | Mtg on Hidden Valley, Taftsville NH | | | X | | | | | | | |
| JT | Century BK, Medford, MA. | Mtg on 172 Central St Scom MA | | | | X | | | | | | |
| JT | Century BK, Medford, MA. | Home Equity on 172 Central St Scom MA. | X | | | | | | | | | |
| SP | Winterhill Fed Sav. Somerville MA. | Mtg Loan - ½ Liable. Jointly on NH | | | X | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | NONE | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| *Examples:* Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| New York Stock Exchange<br>Humpty Dumpty Inst.<br>Merrill Lynch | 1-23 to 1-24 | Boston → NYC → Boston | Y | Y | N | N |
| ALASKA WILDERNESS League<br>Sierra Club<br>Wilderness Society | July 1 →<br>July 5. | WASH DC → ALASKA (North Slope) → WASH DC | Y | Y | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | - None - |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | - None - |

GPO 2001 70-729 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

17

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 3:04
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

BENJAMIN L. CARDIN
(Full Name)

9 Whitebridge Court
(Mailing Address)

Baltimore, Maryland 21208

410-433-8886
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: Maryland District: 3rd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Benjamin L. Cardin | 5/14/01 |

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of Maryland | Legislative Pension | $4,186 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples* Association of American Associations, Wash., D.C | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| Imedex, USA, Inc.; Alpharetta, Ga. | Speech | March 23, 2000 | $ 500 |
| Edward Jones; St. Louis, Mo. | Speech | May 2, 2000 | $2,000 |
| Maryland State Bar Assoc.; Baltimore, Md. | Speech | May 16, 2000 | $ 150 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BENJAMIN L. CARDIN

Page 4 of 17

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of Income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC | Examples: Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | Examples: 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | Olin Corp. Common Stock | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Time Warner Common Stock | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | NOTE 2 |
| | BHC Com., Inc. Common Stock | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Niagara Mohawk Holding Co., Common Stock | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Ascent Entertainment Group Common Stock | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | S |
| | Primex Tech., Inc. Com Stock | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN



| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Smith Barney - Jt. Acc't following assets: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Prince Geo. Co. Md. Bond | | | | X | | | | | | | | | | | | | | | No income. Zero coupon | | | | | | | | | | | | |
| | 2. Cash Mang. Acc't | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Northeast Util. Common Stock | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | E |
| | A.T.& T. Common Stock | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Lucent Tech., Inc. Common Stock | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Israel Bonds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Meyer M. Cardin Trust see NOTE 1 | | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | P/S |
| | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Venture BG Partnership c/o How Cardin Balto., Md. | | X | | | | | | | | | | | | | | | | | Not Inc. Distrib. | | | | | | X | | | | | | |
| | see NOTE 4 | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Keough - A.B.A. Retire. Plan Benj. L. Cardin Retire. Plan | | | | | | | X | | | | | | | | | | | | N/A | | | | | | | | | | | | |
| SP | Deferred Comp. Plan | | | | | X | | | | | | | | | | | | | | N/A | | | | | | | | | | | | |
| SP | T.I.A.A. Cref. Retire. Pension Plan | | | X | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | |
| | IRAs - Morgan Stanley Dean Witter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE 5 | 1. Israel Bonds | | | | | X | | | | | | | | | | | | | | N/A | | | | | | | | | | | | |
| | 2. Money Market | | | X | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | |
| | Cong Credit Union | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | Michael A. Cardin Estate see NOTE 2 | X | | | | | | | | | | | | X | | X | | | | | | | | x | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

Page 6 of 11

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | L | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Benjamin L. Cardin Tr. Settlor See NOTE 6 | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | | S | |
| | | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| JT | Union Pacific Railroad Common Stock | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | | S | |
| SP | Yankee Energy Common Stock | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | | E | |
| | Pfizer Common Stock | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | E, NOTE | 2 |
| NOTE 7 | see NOTE 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Arch Chemical Common Stock | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | | |
| | Gillette Co. Common Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | | |
| | AmeriGas Partners, LP | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | | |
| | Met Life Common Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P | |
| | NCR Common Stock | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | | NOTE 9 | |
| JT | Morgan Stanley Dean Witter Acc't - includes following assets: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Global Div. Growth Fund | | | | | X | | | | | | | | X | | | X | | | | | | | | X | | | | | | | | P | |
| | | | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | 2. Liberty Util B see NOTE 10 | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | P | |
| | | | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | 3. Putnam Global Growth Fund A | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | P | |
| | | | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | 4. AIM Value Fund B | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | | P | |
| | | | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | 5. Cash Mang. Acc't | | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | 6. Constellation Energy Common Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | NOTE 2 | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN



| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Morgan Stanley Dean Witter Acc't Continued: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7. Mid Atlantic Realty Trust | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Morgan Stanley Dean Witter Acc't incld following assets: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Wash. Sub. San. Bonds | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | 2. Howard Co., Md. Bond | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | 3. U of Md. Bond | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| NOTE 14 | 4. Bristol Myers Squibb Common St | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | P/S |
| | 5. Anne Arundel Co. Md. Bond | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | 6. Seligman Bond Fund | | | | X | | | | | | | | | | | X | | X | | | X | | | X | | | | | | | | |
| | 7. Md. Tax Free Bond Fund 76 | | | | X | | | | | | | | | X | | X | | | | | | | | X | | | | | | | | |
| | 8. Md. State Bond | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | 9. Smith Barney Int Munc. Bond Fund | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | 10. Eaton Vance Munc. Trust | | | | X | | | | | | | | | X | | X | | | | | | | | X | | | | | | | | P |
| | 11. Md. Inv. Quality Tax Exempt Trust Series 44 | X | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | S |
| | 12. Md. Tax Free Bond Trust 79 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

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| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 13. Md. Tax Free Bond Trust A4 | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | 14. Nuveen Md. Prem. Munc. Fund | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | 15. Delaware Group Div. & Inc. Fund | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | |
| | 16. Putnam Funds for Growth & Inc. A & B | | | | | X | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P/S |
| | 17. V.K. Am. Cap. Equity Fund A | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | S |
| | 18. AIM Fund | | | X | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | P |
| | 19. Cash Mang. Acc't | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | 20. Liberty Utilit. Fund B NOTE 10 | | | | X | | | | | | | | | X | | | X | | | | | | X | | | X | | | | | | P/S |
| | 21. Morgan Stanley Dean Witter Select Munc. Md. Fund | | X | | | | | | | | | | | | | X | | | | | | | X | | | | | X | | | | |
| | 22. Md. D.O.T. Bond | | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | 23. Frederick Co. Md. Bond | X | | | | | | | | | | | | | | X | | | | | | | X | | X | | | | | | | S |
| | 24. Morgan Stanley Dean Witter Am. Opportunity Fund | | | | | X | | | | | | | | X | | X | | | | | | | | | | X | | | | | | P |
| | 25. Md. Health & Higher Ed. Bond | | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | 26. Wash. Metro Bond | | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | 27. Mid Cap Equity Fund | | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Northeast Util. Common Stock NOTE 11 | | | X | 3-1-00 | X | | | | | | | | | |
| SP | Yankee Energy Common Stock NOTE 11 | | | X | 3-1-00 | X | | | | | | | | | |
| | For reportable transactions of Meyer M. Cardin Trust - see NOTE 1 | | | | | | | | | | | | | | |
| | For reportable transactions of Benjamin L. Cardin Trust - see NOTE 6 | | | | | | | | | | | | | | |
| JT | Union Pacific Railroad Common Stock | | X | | 7-3-00 | X | | | | | | | | | |
| NOTE 7 | Pfizer Common Stock - see NOTE 8 | | | X | 8-8-00 | X | | | | | | | | | |
| | Met Life Common Stock | NOTE 12 | | | 7-1-00 | X | | | | | | | | | |
| JT | Global Div. Growth Func (Morgan Stanley Dean Witter) | X | NOTE 13 | | 6-23-00 | X | | | | | | | | | |
| JT | Liberty Util B - see NOTE 10 (Morgan Stanley Dean Witter) | X | | | 12-21-00 12-15-00 NOTE 13 | X | | | | | | | | | |
| JT | Putnam Global Fund A (Morgan Stanley Dean Witter) | X | | | 12-27-00 NOTE 13 | X | | | | | | | | | |
| JT | AIM Value Fund B (Morgan Stanley Dean Witter) | X | | | 12-15-00 NOTE 13 | X | | | | | | | | | |
| | Bristol Myers Squibb Common Stock | X | | | Quarterly NOTE 13 | X | | | | | | | | | |
| | Bristol Myers Squibb Common Stock | | X | | 12-5-00 | | X | | | | | | | | |
| | Eaton Vance Munc. Trust (Morgan Stanley Dean Witter) | | | X | Monthly NOTE 13 | X | | | | | | | | | |
| | Md. Inv. Quality Tax Exempt Trust Series 44 (Morgan Stanley Dean Witter) | Return of Principal | | | 4-15-00 | X | | | | | | | | | |
| | " | | X Income | | 7-10-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name BENJAMIN L. CARDIN



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Md. Tax Free Bond Trust 79 (Morgan Stanley Dean Witter) | | Return of principal | | 5-15-00<br>8-15-00<br>11-15-00 | | | | | | | | | | |
| | Putnam Funds for Growth & Inc. A & B (Morgan Stanley Dean Witter) | | | | 12-27-00<br>NOTE 13 | | | | | | | | | | |
| | " | | X | | 11-13-00 | | X | | | | | | | | |
| | V.K. Am. Cap. Equity Fund A (Morgan Stanley Dean Witter) | | X | | 1-11-00 | | | | | | | | | | |
| | AIM Fund (Morgan Stanley Dean Witter) | | | | 12-14-00<br>NOTE 13 | | | | | | | | | | |
| | Liberty Utilit. Fund B - see NOTE 10 (Morgan Stanley Dean Witter) | | | | 12-12-00<br>~~NOTE 13~~ | | | | | | | | | | |
| | " | | X | | 10-20-00 | | | | | | | | | | |
| | Frederick Co., Md. Bond (Morgan Stanley Dean Witter) | | X<br>redeemed | | 10-23-00 | | X | | | | | | | | |
| | Morgan Stanley Dean Witter Am. Opp. Fund (Morgan Stanley Dean Witter) | | | | 1-14-00 | | | | | | | | | | |
| | " | | NOTE 5 | | 6-23-00<br>12-15-00 | | X | | | | | | | | |
| | Ascent Entertainment Group Common Stock | | X | | 5-31-00 | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | See NOTE 4 for liabilities of Venture B.G. Partnership | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS N/A

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

Name BENJAMIN L. CARDIN Page 12 of 12

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| *Examples:* Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| Commonwealth Fund; Harvard Univ. (bipartisan health policy conference) | Jan. 16 - 25 | Balto., Md. - Miami, Fla. - Balto., Md. | Y | Y | Y | 6 days* |
| | | | *6 days includes 2 days to attend Ways & Means in Florida | | | extended Hearing |
| Met Life (speaker at ed. seminar on pension and retirement issues) | Feb. 24 - 26 | Orlando, Fla. (not reimbursed for transp. | Y | Y | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | SEE ATTACHED SHEET |
| | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1-2-87 (retired) | Filer and the State of Maryland | As a "retiree" from State service, I receive pension benefits (reported |
| | | Part I) and the right to participate in health insurance with the employer |
| | | subsidizing some of the cost. |
| | | |
| | | |
| | | |

GPO: 2001 70-729 (mac)

**Use additional sheets if more space is required.**

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
BENJAMIN L. CARDIN
PART VIII POSITIONS
2000

| POSITION | NAME OF ORGANIZATION |
|---|---|
| Board Member | Menorah Lodge #771; B'nai B'rith; Balto., Md. |
| Board of Visitors | University of Maryland Law School; Balto., Md. |
| Technical Review Committee | Md. Psychiatric Research Center; Balto., Md. |
| Board of Advisors | Balto. Zionist District; Balto., Md. |
| Member | President's Advisory Board; University of Md., Balto. Co. |
| Advisory Committee | Lawyer's Campaign Against Hunger; Balto., Md. |
| Partner | Partnership listed in PARTS II & III (Venture BG) |
| Member | Chancellor's Advisory Council; University of Maryland System; College Park, Md. |
| Board Member | Community Assistance Network; Dundalk, Md. (Term ended 12/31/00) |
| Board of Trustees | Baltimore Council on Foreign Affairs; Balto., Md. |
| Board Member | The Jewish Arbitration & Mediation Board; Balto., Md. |
| Trustee | Irrevocable Trust created by Roger C. Lipitz; c/o Stan Klinefelter, Piper Rudick Attorneys, Balto.,Md. |
| Trustee | Irrevocable Trust created by Lawrence M. Katz; c/o Piper Rudick Attorneys, Balto., Md. |
| Trustee | Goucher College; Towson, Md. |
| Executive Committee | Israel Bonds of Maryland |

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
BENJAMIN L. CARDIN
NOTES - FOR 2000 (page 1)

1 A trust established by filer's father for the benefit of filer and spouse during their lifetime with remainderman interest to filer's children. The trust held the following reportable Assets and had the following reportable Transactions in 2000: (1) Federal Home Loan Notes, Value of Asset, Category "D" $15,001 - $50,000; Income - interest Category "v" $2501 - $5000; Transaction: S Return of Principal, monthly, Category "B" $1,001 - $15,000; (2) Fannie Mae Note, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1001 - $2500; (3) Prince George's Co., Md. Bonds, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1001 - $2500; (4) Baltimore, Md. Bonds, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1000; (5) Baltimore County, Md. Bonds, Value of Asset, Category "E" $50,001 - $100,000; Income - interest, Category "v" $2501 - $5000;(6) Maryland State Higher Ed. and Health Bonds, Value of Asset, Category "E" $50,001 - $100,000; Income - interest, Category "v" $2501 - $5000; (7) Md. Stadium Bond, Value of Asset, Category "C" $1001 - $15,000; Income - interest, Category "iii" $201 - $1000; (8) Howard Co., Md. Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1000; (9) Washington Metro Area Transit Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1001 - $2500; (10) Md. State Bonds, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1,001 - $2,500; (11) Md. State Local Facilities Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1000; (12) Washington Co., Md. Bond, Value of Asset, Category "C" $1001 - $15,000; Income - interest, Category "iii" $201 - $1000; (13) Md. State Industrial Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1000; (14) Balto., Md. Wastewater Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, category "iv" $1001 - $2500; (15) University of Md. Bond, Value of Asset, Category "C" $1001 - $15,000; Income - interest, Category "iii" $201 - $1000; (16) Md. State Community Dev. Bond, Value of Asset, Category "C" $1001 - $15,000; Income - interest, Category "iii" $201 - $1000; and (17) U.S. Government Money Market Fund, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1,000; Transaction: P/S cash management account for investments listed above.

BENJAMIN L. CARDIN
NOTES - FOR 2000 (page 2)

[2] Estate for filer's son who died on 3/24/98. The income distributions for 2000 were received from estate for taxable year ending 2/28/00. The filer and spouse were the heirs of the estate and received all of the net proceeds of the estate. The Final Account was approved 11/16/99. Three common stocks were distributed on Jan. 4, 2000 which are (evaluation based on inventory evaluations of the estate): (1) Constellation Energy Common Stock (formerly B.G. & E.), Category "B" $1,001 - $15,000; (2) Warner Lambert Common Stock (formerly Agouron Pharm.), Category "B" $1001 - $15,000 and (3) Time Warner Common Stock, Category "B" $1001 - $15,000.

[3] 185 shares in name of filer; 91 shares hold jointly

[4] Venture BG is a partnership that holds the land at 3601 Washington Blvd., Balto., Md.. The property is leased to Nash Finch. The filer owns a 2% interest. The evaluation is based on negative capital account. If value was based on recent appraisal of assets less mortgage, Value of Asset would be Category "F" $100,001 - $250,000. Income reflected on Part III represents "net income" on K1 form (18 months reporting period ending 12/30/00) and "distributions" represents actual cash distributions received in 2000. The Asset of the partnership is as follows: 3601 Washington Blvd., Balto., Md., Value of Asset, Category "J" $5,000,001 - $25,000,000; Income - rent, Category "x" $1,000,001 - $5,000,000. The Liabilities of the partnership include GMAC Commercial Mortgage (acquired from Mellon Mortgage Co.), Horsham, Pa., mortgage on 3601 Washington Blvd., Balto., Md., Amount of Liability, Category "I" $5,000,001 - $25,000,000.

[5] Includes IRAs for filer and spouse; account transferred from Regal Bank and Trust in April, 2000

[6] A trust established by filer on June 29, 1990, for the benefit of spouse during her lifetime with remainderman interest to filer's children. The trust held the following reportable Assets and had the following reportable transactions in 2000: (1) a promissory note from B. Green & Co., Inc., Balto., Md., Category "E" $50,001 - $100,000; Income - interest, Category "v" $2,501 - $5,000; Transaction: S note payment of principal, 2/7/00 Category "C" $15,001 - $50,000and (2) Dean Witter Cash Management Account, Category "D" $15,001 - $50,000; Income - dividend, Category "iv" $1,001 - $2,500. In addition the trust purchased life insurance in March, 1991.

[7] Stock owned by filer (50%) placed in joint Morgan Stanley Dean Witter Account and remaining 50% represents stock received from son's inheritance.

[8] Pfizer common stock acquired in merger with Warner Lambert on 8/8/00.

[9] Reported since appreciated value now exceeds $1000

BENJAMIN L. CARDIN
NOTES - FOR 2000 (page 3)

10 Name changed from Colonial Utility Fund, 7/1/00.

11 Yankee Energy was merged into Northeast Utilities on 3/1/00; received additional shares of Northeast Utilities for Yankee stock in exchange.

12 Acquired from demutualization of company on 7/1/00

13 Purchases made automatically through dividend and/or distribution reinvestment program with company

14 As of 11/16/00 stock held in account at Morgan Stanley Dean Witter

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 3:30
OFFICE OF THE CLERK
US HOUSE OF REPRESENTATIVES
(Office Use Only)

Brad Rogers Carson (Congressman)
(Full Name)

317 Cannon Building, Washington, DC 20515
(Mailing Address)

202-225-2701
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives — State: OK, District: 02 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [XX] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [XX] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [XX] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [XX] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [XX] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [XX] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [XX] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [XX] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [XX] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [XX] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Brad Carson | May 15, 2001 |

Name Congressman Brad Carson | Page of

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | MCI WorldCom, Owasso, OK | Spouse Salary | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

Name Congressman Brad Carson | Page ___ of ___

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP | | SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| DC | *Examples* | | Simon & Schuster | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Bank One | | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Tulsa Federal Credit Union | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Community America Credit Union | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Williams Employees Credit Union | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Vanguard 500 Index Fund | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Vanguard 500 Index IRA | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Congressman Brad Carson

Page ___ of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BOK IRA CD | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | BOK IRA CD | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | Crowe-Dunlevy 401 (k) | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |

This page may be copied if more space is required.

Name: Congressman Brad Carson

Page ___ of ___

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Oklahoma Student Loan Authority | Student Loans | X | | | | | | | | | |
| | Bank One, Oklahoma, NA | Line of Credit | | | X | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| N/A | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

| Name Congressman Brad Carson | Page ___ of ___ |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | N/A |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1/1/99 | Crowe-Dunlevy, P.C. | Maintenance of 401 (K) |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 2001 70-729 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

(9) HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:47
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Julie Mae Carson
(Full Name)

2530 North Park, Indianapolis, Ind 46205
(Mailing Address)

Daytime Telephone (202) 225-4011

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: ____ District: ____ | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Julie Carson | 5-15-00 |

| Name | Page ___ of ___ |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Cummins Engine Co, Inc | Employee Pension | 1,252 |
| | State of Indiana, Legislative Retirement Fund | Legislative Pension | 5894 |
| | State of Indiana, Public Employees Retirement | Public Employee Pension | 4,560 |

For payments to charity in lieu of honoraria, use Schedule II.

Name ____________ Page ___ of ___

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | n/a | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name

Page ___ of ___

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify. For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, or E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | | SP | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC | *Examples* | | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | | | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Keefbank | | | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | Cumminis | | | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | ATT | | | | | X | | | | | | | | | | | Na | | | | | | | | | | | | | | | | |
| | Nekia | | | | | X | | | | | | | | | | | Na | | | | | | | | | | | | | | | | |
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For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page ____ of ____

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, or E |
| | n/a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | ~~Att~~ | | | | | | | | | | | | | | |
| | ATT | X | | | 2/00 | X | | | | | | | | | |
| | Nokia | X | | | 1/00 | X | | | | | | | | | |

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| Name | Page ____ of ____ |
|---|---|

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | n/a | | | | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| n/a | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

| Name | Page ___ of ___ |
|---|---|

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | n/a | | | | | | |

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| Name | Page ___ of ___ |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| n/a | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | n/a | |

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**Use additional sheets if more space is required.**

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HAND DELIVERED

(Office Use Only)

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



Michael N. Castle
(Full Name)

2001 Kentmere Place Wilmington,, DE 19806
(Mailing Address)

302 428-1902
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: DE District: 01 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | (☑) Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ No ☑ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Michael N. Castle | 5/14/01 |

# SCHEDULE II - PAYMENTS IN LIEU OF HO

Nam Michael N. Castle



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Foster Friess | Contribution to United Way of Delaware in honor of his wife, Lynn Friess', 60th birthday | September 6, 2000 | $2,000 |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| 14 George Street, Dewey Beach, DE NOTE: No net income due to offsetting expenses | $250,001 - $500,000 | RENT | $15,001 - $50,000 | NA |
| 224A Justice Court, Washington, DC NOTE: No net income due to offsetting expenses | $50,001 - $100,000 | RENT | $5,001 - $15,000 | NA |
| Ninth Street Partnership, owning offices @ 300 - 322 W. Ninth Street, Wilmington, DE 16.67% interest (Partnership, Inc.) gross rental income NOTE: No net income due to offsetting expenses | $100,001 - $250,000 | RENT | $15,001 - $50,000 | NA |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| Carlyle Real Estate LP x 5 Partnership Income | None | RENT/CAPITAL GAINS | $1 - $200 | NA |
| Brandywine Fund | $50,001 - $100,000 | DIVIDENDS/CAPITAL GAINS | $15,001 - $50,000 | P |
| Vanguard Money Market Reserve Prime Portfolio | $1,001 - $15,000 | DIVIDENDS | $2,501 - $5,000 | PS |
| LiveOak General Money Market Fund (Account 1) replaced JMS Money Market | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | PS |
| LiveOak General Money Market Fund (Account 2) replaced JMS Money Market | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | PS |
| Artisan International Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | P |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | American Century Benham Target 2010 | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P |
| | American Century Benham Target 2015 | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P |
| | American Century Benham Target 2000 | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | PS |
| | Cohen & Steers Realty | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | P |
| | Janus Overseas Fund | $50,001 - $100,000 | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | P |
| | FBR Financial Services | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Vanguard European Stock Index Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P |
| | Vanguard Tax Managed Growth and Income Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | P |
| | Vanguard Intermediate Term Tax Exempt Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | P |
| | Vanguard Special Health Care | $50,001 - $100,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | P |
| | Dodge and Cox Balanced Fund | $50,001 - $100,000 | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | P |
| | Schwab Cash Account | $1 - $1,000 | DIVIDENDS | $1,001 - $2,500 | PS |

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|---|---|---|---|---|
| Marsico Focus Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | P |
| Caldwell & Orkin Market Opportunity | $50,001 - $100,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | P |
| Northern Technology Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | P |
| Weitz Partners Value Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | P |
| DE General Obligation due 5/1/02 Zero Coupon | $1,001 - $15,000 | None | NONE | |
| DE General Obligation due 5/1/03 Zero Coupon | $15,001 - $50,000 | None | NONE | |

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|---|---|---|---|---|---|
| | DE General Obligation due 5/1/04 Zero Coupon | $1,001 - $15,000 | None | NONE | |
| | DE General Obligation due 5/1/05 Zero Coupon | $1,001 - $15,000 | None | NONE | |
| | DE EDA hospital Revenue - Riverside Zero Coupon due 1/1/06 | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| | PR Electric Power Due 7/1/01 | $1,001 - $15,000 | None | NONE | |
| | PR Electric power Due 7/1/00 | $15,001 - $50,000 | None | NONE | S |
| | DE State Economic Development Authority Due 5/1/07 | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |

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|---|---|---|---|---|
| PR Electric Power Due 7/1/17 Zero Coupon | $1,001 - $15,000 | None | NONE | |
| ML Growth Fund CL D IRA | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P |
| Merrill Lynch Retirement Reserve IRA | ZERO | INTEREST | $1,001 - $2,500 | PS |
| CD National City Bank IRA | $1,001 - $15,000 | INTEREST | $201 - $1,000 | REDEEMED |
| Morgan Stanley Group IRA | $1,001 - $15,000 | INTEREST | $201 - $1,000 | redeemed |
| Bankers Trust Zero Coupon DC IRA | $15,001 - $50,000 | None | NONE | redeemed |

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|---|---|---|---|---|
| Hewlett Packard Co IRA | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| Oracle Corp IRA | $50,001 - $100,000 | None | NONE | |
| BCE Inc. - stock IRA | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | |
| Intel Corp IRA | $50,001 - $100,000 | DIVIDENDS | $1 - $200 | |
| America Online IRA | $15,001 - $50,000 | None | NONE | |
| Lucent Technologies IRA | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

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|---|---|---|---|---|---|
| | Pfizer Inc. IRA | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Cisco Systems IRA | $15,001 - $50,000 | None | NONE | |
| | Ariba, Inc. IRA | $1,001 - $15,000 | None | NONE | P |
| | Motorola, Inc. IRA | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| | Internet Port 2000 Series A | $1 - $1,000 | None | NONE | P |
| | Xilinx Inc. IRA | $1,001 - $15,000 | None | NONE | P |

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|---|---|---|---|---|---|
| | LSI Logic Corp. IRA | $1 - $1,000 | None | NONE | P |
| | Flextronics Internatonal Ltd. IRA | $1,001 - $15,000 | None | NONE | P |
| | EMC Corporation IRA | $1,001 - $15,000 | None | NONE | P |
| | Qwest Communications Inc. IRA | $1,001 - $15,000 | NONE | NONE | P |
| | Fidelity Retirement Market | $50,001 - $100,000 | DIVIDENDS | $1,001 - $2,500 | PS |
| | Fidelity Select Technology | $15,001 - $50,000 | DIVIDENDS/INTEREST | $1,001 - $2,500 | P |

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|---|---|---|---|---|---|
| | David L. Babson Growth Fund | $15,001 - $50,000 | DIVIDENDS/INTEREST | $1,001 - $2,500 | P |
| | Vanguard Index Trust 500 | $50,001 - $100,000 | DIVIDENDS/INTEREST | $201 - $1,000 | S |
| | Fidelity Select Biotechnology | $15,001 - $50,000 | DIVIDENDS/INTEREST | $201 - $1,000 | P |
| | Vanguard Inst. Index | $50,001 - $100,000 | DIVIDENDS/INTEREST | $201 - $1,000 | P |
| | Delaware Stable Value | $50,001 - $100,000 | DIVIDENDS/INTEREST | $1,001 - $2,500 | PS |
| | Fidelity Divers International | $15,001 - $50,000 | DIVIDENDS/INTEREST | $201 - $1,000 | P |

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| | Fidelity Equity Inc. II | $50,001 - $100,000 | DIVIDENDS/INTEREST | $201 - $1,000 | P |
| | Manulife Financial Venture Vision Annuity | $100,001 - $250,000 | NONE | NONE | NONE |
| | T. Rowe Price Variable Annuity | $100,001 - $250,000 | None | NONE | None |
| SP | Dean Witter Pacific Growth IRA | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | None |
| SP | Dean Witter European Growth IRA | $1,001 - $15,000 | DIVIDENDS/INTEREST | $201 - $1,000 | P |
| SP | Dean Witter American Opportunities IRA | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P |

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| SP | Dean Witter Dividend Growth IRA | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P |
| SP | T. Rowe Price International Stock Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P |
| SP | T. Rowe Price Growth and Income Fund | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | P |
| SP | T. Rowe Price Stable Value FD Schedule A | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | P |
| SP | T. Rowe Price New America Growth Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P |
| SP | T. Rowe Price New Horizons Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| ML Bank and Trust RASP | $1,001 - $15,000 | INTEREST | $201 - $1,000 | PS |
| Agilent Technologies IRA | $1,001 - $15,000 | NONE | NONE | STOCK DIVIDEND |
| Wilmington Trust Co. Cash Accounts | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| Trust U/A 8/25/41 M/B James M. Castle TR #1 11.11% interest (changed from 8.33% to 11.11% due to death of sibling). Allocable share of trust income per K-1 | NA | Dividends | $2,501 - $5,000 | |

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|---|---|---|---|---|
| Trust #1 8/25/41 M/B James M. Castle TR#1 11.11% interest = First Union PA Trust Money Market | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle TR#1 | NA | |
| Trust #1 M/B James M. Castle 11.11% interest Evergreen stock selector fund (successor to Equity Fund) | $15,001 - $50,000 | See K-1 income distribution above for James M. Castle TR#1 | See K-1 income distributi | partial oa; sale when it was Equity Fund |
| Trust #1 M/B James M. Castle 11.11% interest Fixed Income Fund - mutual fund | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle TR#1 | NA | Partial Sale |

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|---|---|---|---|---|
| Trust U/A 1/21/53 M/B James M. Castle TR#3 11.11% interest (change from 8.33% to 11.11% due to death of sibling). Allocable share of trust income per K-1 | NA | Dividends | $5,001 - $15,000 | |
| Trust #3 M/B James M. Castle 11.11% interest American Home Products - stock | $15,001 - $50,000 | See K-1 income distribution above for James M. Castle TR#3 | NA | |
| Trust #3 M/B James M. Castle 11.11% interest BP Amoco stock (per merger with Atlantic Richfield) | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle TR#3 | NA | |

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|---|---|---|---|---|---|
| Trust #3 M/B James M. Castle 11.11% interest Bank of New York Inc. Com | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle TR#3 | NA | |
| Trust #3 M/B James M. Castle 11.11% interest Bristol Myers Squibb Co. | $1,001 - $15,000 | See K-1 income distribution above for James M.Castle Trust #3 | NA | |
| Trust #3 M/B James M. Castle 11.11% interest in Chase Manhattan Corp. | $1,001 - $15,000 | See K-1 income distribution above for James M.Castle Trust #3 | NA | |

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Nam Michael N Castle



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|---|---|---|---|---|
| Trust #3 M/B James M. Castle 11.11% interest in Coca Cola Corp. | $1 - $1,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |
| Trust #3 M/B James M. Castle 11.11% interest in DuPont E. I. deNemours Co. stock | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |
| Trust #3 M/B James M. Castle 11.11% interest in Eastman Kodak Co. stock | $1 - $1,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |

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|---|---|---|---|---|
| Trust #3 M/B James M. Castle 11.11% interest in Verizon Communications Corp. Per merger with GTE Corp. | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |
| Trust #3 M/B James M. Castle 11.11% interest in Ford Motor Co. stock | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |
| Trust #3 M/B James M. Castle 11.11% interest in General Electric Co. stock | $15,001 - $50,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |

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|---|---|---|---|---|---|
| Trust #3 M/B James M. Castle 11.11% interest in Gillette Company stock | $1 - $1,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | S |
| Trust #3 M/B James M. Castle 11.11% interest in Heinz HJ Company Stock | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |
| Trust #3 M/B James M. Castle 11.11% interest in Johnson and Johnson stock | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |

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|---|---|---|---|---|---|
| | Trust #3 M/B James M. Castle 11.11% interest in Hercules Inc. stock | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |
| | Trust #3 M/B James M. Castle 11.11% interest in Intel Corp. stock | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |
| | Trust #3 M/B James M. Castle 11.11% interest in Exxon Corp. stock | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |

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|---|---|---|---|---|
| Trust#3 M/B James M. Castle 11.11% interest in J. C. Penney Co. stock | $1 - $1,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |
| Trust #3 M/B James M. Castle 11.11% interest in Motorola Inc. stock | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |
| Trust #3 M/B James M. Castle 11.11% interest in Proctor & Gamble stock | $1 - $1,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |

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|---|---|---|---|---|
| Trust #3 M/B James M. Castle 11.11% income Mellon Bank Corp stock | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | |
| Trust #3 M/B James M. Castle 11.11% interest - Evergreen Select Income Fund - mutual fund | $15,001 - $50,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | PS |
| Trust #3 M/B James M. Castle 11.11% interest - First Union PA Trust Money Market | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #3 | NA | PS |

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|---|---|---|---|---|
| Irrevocable Trust DTD 8/27/68 M/B J. M. Castle, FBO M. N. Castle Allocable shares of trust income per K-1 | Not applicable | Dividends | $2,501 - $5,000 | Consolidated to James M. Castle, Jr. Trust 8/27/68 - starting p. 33 |
| Irrevocable Trust DTD M/B J. M. Castle, FBO M. N. Castle - CoreStates Trust MM (successor fund by acquisition - First Union PA Trust Money Market | $1 - $1,000 | See K-1 income distribution above for Irrevocable Trust DTD M/B J. M. Castle FBO M. N. Castle | NA | Consolidated to James M. Castle, Jr. Trust 8/27/68 - starting p. 33 |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Irrevocable Trust DTD 8/27/68 M/B J. M. Castle FBO M. N. Castle Equity Fund - Mutual Fund | $100,001 - $250,000 | See K-1 income distribution above for Irrevocable Trust DTD M/B J. M. Castle FBO M. N. Castle | NA | Consolidated to James M. Castle, Jr. Trust 8/27/68 - starting p. 33 |
| Irrevocable Trust DTD 8/27/68 M/B J. M. Castle, FBO M. N. Castle DE Trust Municipal Bond Fund Trust Fund | $50,001 - $100,000 | See K-1 income distribution above for Irrevocable Trust DTD M/B James M. Castle FBO M. N. Castle | NA | Consolidated to James M. Castle, Jr. Trust 8/27/68 - starting p. 33 |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| Trust U/A 1/4/46 M/B James M. Castle TR#2 11.11% interest (changed from 8.33% to 11.11% interest due to death of a sibling) Allocable shares of Trust income per K-1 | Not applicable | Dividends | $1,001 - $2,500 | |
| Trust #2 M/B James M. Castle 11.11% interest - First Union PA Trust Money Market) | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #2 | NA | PS |
| Trust #2 M/B James M. Castle 11.11% interest Abbott Labs Com | $15,001 - $50,000 | See K-1 income distribution above for James M. Castle Trust #2 | NA | |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Trust #2 M/B James M. Castle 11.11% interest Evergreen Select Income Plus Fund | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #2 | NA | PS |
| Trust #2 M/B James M. Castle 11.11% interest General Electric | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #2 | NA | |
| Trust #2 M/B James M. Castle 11.11% interest Home Depot | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #2 | NA | |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Trust #2 M/B James M. Castle 11.11% interest Cisco Systems | $1 - $1,000 | See K-1 income distribution above for James M. Castle Trust #2 | NA | |
| Trust #2 M/B James M. Castle 11.11% interest Hewlett Packard Co. (Previously owned by trust but not of value in excess of $1,000) | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle Trust #2 | NA | |
| Trust #2 M/B James M. Castle 11.11% Bristol Myers Squibb Co. (previously owned by trust but not of value in excess of $1,000) | $1 - $1,000 | See K-1 income distribution above for James M. Castle Trust #2 | NA | |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Trust #2 M/B James M. Castle 11.11% Exxon Mobil Corp. (previuosly owned by trust but not of value in excess of $1,000) | $1 - $1,000 | See K-1 distribution above for James M. Castle, Jr. Trust | NA | |
| | Trust #2 M/B James M. Castle 11.11% interest - Bank of New York (Previously owned by trust but not of value in excess of $1,001) | $1 - $1,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |
| | Trust #2 M/B James M. Castle 11.11% interest Mellon Financial Corp (Previously owned by trust but not of value in excess of $1,001) | $1 - $1,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $6,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Trust James M. Castle, Jr. 8/27/68 Allocable share trust income per K-1 | NA | Dividends | $5,001 - $15,000 | |
| | James M. Castle, Jr. Trust - Colgate Palmolive Co. | $15,001 - $50,000 | See K-1 Income distribution above for James M. Castle, Jr. Trust | NA | |
| | James M. Castle, Jr. Trust - Abbott Labs | $15,001 - $50,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| James M. Castle, Jr. Trust<br>Smith Kline Beecham | $15,001 - $50,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |
| James M. Castle, Jr. Trust BP Amoco Co. (per merger with Atlantic Richfield Co.) | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |
| James M. Castle, Jr. Trust<br>Texaco, Inc. | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |

# SCHEDULE III - ASSETS AND "U



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| James M. Castle, Jr. Trust<br>Alltel Corp. | $15,001 - $50,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |
| James M. Castle, Jr. Trust<br>Potomac Electirc Power Co. | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |
| James M. Castle, Jr. Trust<br>Western Res. Inc. | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | James M. Castle, Jr. Trust Cigna Corp. | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |
| | James M. Castle, Jr. Evergreen Stock Selector Fund successor to Equity Fund | $100,001 - $250,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | partial sale when it was Equity Fund |
| | James M. Castle, Jr Trust - First Union PA Trust Money Market (successor to Federated tax free TRSH Ben Int. FD#73) | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | P |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investment(s) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| James M. Castle, Jr. Trust - Delaware Trust Municipal Bond Fund | $100,001 - $250,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | Partial Sale |
| James M. Castle, Jr. Trust - DuPont Company | $1,001 - $15,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |
| James M. Castle,Jr. Trust - General Electric Co. | $15,001 - $50,000 | See K-1 income distribution above for James M. Castle, Jr. Trust | NA | |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Amerisource Health Corp. | None | None | NONE | S |
| | Celeritek, Inc. | $15,001 - $50,000 | None | NONE | P |
| | Weatherfold Inter. | $15,001 - $50,000 | None | NONE | P |
| | Nortel Networks | $15,001 - $50,000 | None | NONE | P |
| | ATT Corp Liberty Media Group | None | None | NONE | PS |
| | Cortex Pharmaceuticals | None | None | NONE | PS |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | American Power Conversion Corp. | None | None | NONE | PS |
| | Gemstar TV Guide Intl., Inc. | $50,001 - $100,000 | None | NONE | Partial sale |
| | Irvine Sensors Corp. | None | None | NONE | PS |
| | Motorola, Inc. | $15,001 - $50,000 | None | NONE | P |
| | American Home Products Corp. | $15,001 - $50,000 | Dividends | $201 - $1,000 | P |
| | Amgen, Inc. | $15,001 - $50,000 | None | NONE | P |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investment(s) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | GM CLH | $1,001 - $15,000 | None | NONE | |
| | MCI WorldCom | None | None | NONE | PS |
| | Grant Prideco, Inc. | $1,001 - $15,000 | None | NONE | Stock spinoff |
| | Qwest | $1,001 - $15,000 | None | NONE | P |
| | Sun Microsystems | $15,001 - $50,000 | None | NONE | P |
| | 3 Com Corp | $15,001 - $50,000 | None | NONE | P |

# SCHEDULE III - ASSETS AND "U

Nam Michael N. Castle



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| State of Delaware Pension (entitled to but not received) | None | None | NONE | NA |
| Walt Disney Co. IRA | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| Nortel Networks Corp. IRA | $50,001 - $100,000 | DIVIDENDS | $1 - $200 | STOCK SPINOFF FROM BCE |
| Appelara Corp. (Celera Genomics Group) | None | NONE | NONE | S |
| | | | | |
| | | | | |

# SCHEDULE IV - TRANSACTIONS

Nam Michael N Castle



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | AT&T Corp. Liberty Media Group | P | 9-25-00 | $1,001 - $15,000 |
| | AT&T Corp Liberty Media Group | S | 12-8-00 | $1,001 - $15,000 |
| | American Power Conver. Corp. | P | 4-17-00 | $1,001 - $15,000 |
| | American Power Conv. Corp. | P | 9-25-00 | $1,001 - $15,000 |
| | American Power Conver. Corp. | S | 12-08-00 | $1,001 - $15,000 |
| | Amerisource Health Corp. | S | 2-28-00 | $1,001 - $15,000 |
| | Appelara Corp. (Celera Genomics Group) | S | 12-27-00 | $1,001 - $15,000 |
| | Celeritex Inc. | P | 2-28-00 | $1,001 - $15,000 |
| | Celeritex Inc. | P | 9-25-00 | $1,001 - $15,000 |
| | Cortex Pharmaceuticals Inc. | P | 3-6-00 | $1,001 - $15,000 |
| | Cortex Pharmaceuticals Inc. | S | 12-28-00 | less than $1,000 |
| | Gemstar TV Guide Intl. Inc. | S | 7-17-00 | $1,001 - $15,000 |

# SCHEDULE IV - TRANSACTIONS

Nam Michael N Castle



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Irvine Sensors Corp. | P | 4-14-00 | $1,001 - $15,000 |
| | Irvine Sensors Corp. | S | 12-27-00 | $1,001 - $15,000 |
| | Motorola Inc. | P | 10-11-00 | $15,001 - $50,000 |
| | Nortel Networks Corp. | S | 10-11-00 | $1,001 - $15,000 |
| | Gemstar TV Guide Inc. | S | 4-10-00 | $15,001 - $50,000 |
| | Worldcom, Inc. | P | 9-25-00 | $1,001 - $15,000 |
| | Worldcom, Inc. | S | 12-08-00 | $1,001 - $15,000 |
| | Brandywine Fund | P | 10-27-00 | $15,001 - $50,000 |
| | Caldwell & Orkin Market Opportunity Fund | P | 12-14-00 | $1,001 - $15,000 |
| | Dodge & Cox Balanced Fund | P | 12-14-00 | $1,001 - $15,000 |
| | Vanguard Health Care Fund | P | 12-14-00 | $1,001 - $15,000 |
| | Janus Overseas Fund | P | 12-15-00 | $1,001 - $15,000 |

# SCHEDULE IV - TRANSACTIONS

Nam Michael N Castle



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Marsico Focus Fund | P | 12-15-00 | $1,001 - $15,000 |
| | Weitz Partners Value | P | 12-28-00 | $1,001 - $15,000 |
| | Artisan International Fund | P | 11-25-00 | $1,001 - $15,000 |
| | Cohen & Steers Realty Fund | P | various | $1,001 - $15,000 |
| | Northern Technology Fund | P | 3-3-00 | $1,001 - $15,000 |
| | Vanguard Intermediate Team Tax Exempt Fund | P | various | $1,001 - $15,000 |
| | Flextronics Intl Ltd. | P | 2-28-00 | $1,001 - $15,000 |
| | Cortex Pharmaceuticals Inc. | P | 3-3-00 | $1,001 - $15,000 |
| | Electric Fuel Corp. | P | 2-28-00 | $1,001 - $15,000 |
| | Morgan Stanley Dean Witter American Opportunity B | P | 12-15-00 | $1,001 - $15,000 |
| | Morgan Stanley Dean Witter Pacific Growth | P | 3-2-00 | $1,001 - $15,000 |
| | Ariba, Inc. IRA | P | 11-22-00 | $1,001 - $15,000 |

# SCHEDULE IV - TRANSACTIONS

Nam Michael N Castle



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Motorola, Inc. IRA | P | 10-11-00 | $1,001 - $15,000 |
| | Internet Port 2000 Ser A IRA | P | 2-29-00 | $1,001 - $15,000 |
| | Xilinx, Inc. IRA | O | 2-29-00 | $1,001 - $15,000 |
| | LSI Logic Corp. IRA | P | 2-29-00 | $1,001 - $15,000 |
| | Flextronics Int'l. Ltd. IRA | P | 2-29-00 | $1,001 - $15,000 |
| | EMC Corporaiton IRA | P | 2-29-00 | $1,001 - $15,000 |
| | Walt Disney Co. IRA | P | 1-4-00 | $1,001 - $15,000 |
| | Qwest Communications Inc. IRA | P | 1-4-00 | $1,001 - $15,000 |
| | Vanguard 500 Index (Deferred Compensation) | S | 8-30-00 | $50,001 - $100,000 |
| | Delaware Stable Value (Deferred Compensation) | S | 1-31-00 | $50,001 - $100,000 |
| | Fidelity Retirement Market (Deferred Compensation) | P | 1-31-00 | $50,001 - $100,000 |
| | Fidelity Select Biotech (Deferred Compensation) | P | 3-16-00 | $15,001 - $50,000 |

# SCHEDULE IV - TRANSACTIONS

Nam Michael N. Castle



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Vanguard Insti. Index (Deferred Compensation) | P | 8-30-00 | $50,001 - $100,000 |
| | Fidelity Select Technology (Deferred Compensation) | P | 3-6-00 | $15,001 - $50,000 |
| | Fidelity Retirement Market (Deferred Compensation) | S | 3-16-00 | $15,001 - $50,000 |
| | Fidelity Equity Inc. II (Deferred Compensation) | S | 3-16-00 | $1,001 - $15,000 |
| | Evergreen Select Income Plus Fund (James M. Castle Trust #1) | S | 6-22-00 | $1,001 - $15,000 |
| | Equity Fund (James M. Castle Trust #1) | S | 7-3-00 | $1,001 - $15,000 |
| | Delaware Trust Delaware Municipal Bond Fund (James Castle, Jr. For MNC) | S | 6-1-00 | $1,001 - $15,000 |
| | Equity Fund (James Castle, Jr. For MNC) | S | 6-1-00 | $1,001 - $15,000 |
| | American Century 2000 | REDEEMED | c. 6-30-00 | $1,001 - $15,000 |
| | Merrill Lynch Retirement Reserve IRA | PS | VARIOUS DATES | $50,001 - $100,000 |
| | ML Bank and Trust RASP | PS | VARIOUS DATES | $15,001 - $50,000 |
| | Agilent Technologies | STOCK DIVIDEND FROM HEWLETT PACKARD | 6-8-00 | $1,001 - $15,000 |

# SCHEDULE IV - TRANSACTIONS

Nam Michael N. Castle



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Nortel Networks Corp. | STOCK SPIN OFF FROM BCE | 5-12-00 | $50,001 - $100,000 |
| | CD National City Bank, Louisville, KY IRA | REDEEMED | 1-25-00 | $1,001 - $15,000 |
| | CD Bankers Trust Company, New York, NY IRA | REDEEMED | 7-7-00 | $15,001 - $50,000 |
| | Morgan Stanley Group IRA | REDEEMED | 2-28-00 | $1,001 - $15,000 |
| | Gilette Company | S | c. 5-30-00 | $1 - $1,000 |

# SCHEDULE V - LIABILITIES

Nam Michael N. Castle



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Wilmington Trust Company | 26.67% of mortgage or 300 - 322 W. Ninth Street, Wilmington, DE | $100,001 - $250,000 |
| | Wilmington Trust Company | 224A Justice Court, Washington, DC | $50,001 - $100,000 |

# SCHEDULE VII - TRAVEL PAYMENTS

Nam Michael N Castle



**Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.**

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Aspen Institute conference on U.S. Policy Toward Cuba | April 17 - 22 | Grand Cayman Island | Y | Y | Y | NONE |
| Republican Main Street Partnership | April 24 - 26 | Silicon Valley, CA | Y | Y | N | NONE |
| Aspen Institute conference on U. S. China Relations | May 30 - June 4 | Vancouver, British Columbia | Y | Y | Y | NONE |
| Ripon Educational Fund TransAtlantic Conference | November 25 - December 2 | Rome, Italy and Vatican City | Y | Y | Y | NONE |
| Congressional Economic Leadership Institute Transatlantic Policy Network | December 2 - 4 | Venice, Italy (continuation of same trip from above) | Y | Y | Y | NONE |
| Republican Main Street Partnership | April 10, 2000 | Wilmington, DE - New York City, NY | N | Y | N | |
| Republican Main Street Partnership | October 23, 2000 | Wilmington, DE - New York City, NY | N | Y | N | |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

01 MAY -4 AM 10: 31

STEVEN J. CHABOT
(Full Name)

3014 HARRISON AVE.
CINCINNATI, OHIO 45211
(Mailing Address)

Daytime Telephone (513) 662-8000

HAND DELIVERED

(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State OHIO, Distrct FIRST | [ ] Officer or Employee | Employing Office: — |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Steven J. Chabot | 4/30/01 |

Name STEVEN J CHABOT Page ____ of ____

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| *Examples* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| NONE | | |

For payments to charity in lieu of honoraria, use Schedule II.

| Name STEVEN J CHABOT | Page ___ of ___ |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| NONE | | | |

This page may be copied if more space is required.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name STEVEN J CHABOT | Page ____ of ____

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset | Block C: Type of Income | | | | | | | | | | | Block D: Amount of Income | | | | | | | | | | | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example: Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples* SP Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | *Examples* Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | P |
| | *Examples* 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | SEE NEXT 2 PAGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT

Page ___ of ___

| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: m, p, p |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | FOUNDERS BLUE CHIP FUND | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | JANUS FUND | | | | X | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | |
| | NEUBERGER + BERMAN GENESIS FUND | | | | X | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | |
| | SELECTED AMERICAN SHARES FUND | | | | X | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | |
| | AMERICAN CENTURY FUND | | | | X | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | |
| | VANGUARD WELLINGTON FUND | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | CHARLES SCHWAB + CO. | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | APPLEBEES COMMON STOCK | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | CINTAS " " | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | COCA COLA " " | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | CRACKER BARRELL " " | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | PEPSICO " " | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | TRICON " " | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | DISNEY " " | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | WENDY'S " " | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | SARA LEE " " | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | INTERSTATE BAKERIES " " | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | GRADISON MONEY MARKET | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | PNC BANK ACCTS | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | CHEVIOT B + L CO | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | STAR BANK (FINTHAN) ACCT. | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT

Page ___ of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | WESTWOOD HOMESTEAD CD'S | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | BERGER IRA FUND | | | | X | | | | | | | | | X | | | X | | | | | | | | | | | | | | | | |
| | COLUMBIA SPECIAL FUND IRA | | | | X | | | | | | | | | X | | | X | | | | | | | | | | | | | | | | |
| | GATEWAY INDEX PLUS FD IRA | | | | X | | | | | | | | | X | | | X | | | | | | | | | | | | | | | | |
| | KAUFMANN FUND IRA | | | | X | | | | | | | | | X | | | X | | | | | | | | | | | | | | | | |
| | DEFERRED COMP FUND OHIO PUBLIC EMPLOYEES | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OHIO PERS | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name STEVEN J CHABOT | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | NONE | | | | | | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Name STEVEN J CHABOT Page ___ of ___

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | NONE | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

Name STEVEN J CHABOT | Page ___ of ___

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| NONE | | | | | | | |

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| Name STEVEN J CHABOT | Page ___ of ___ |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| NONE | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| DEC 85-94 PAID INTO | OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS) | UPON RETIREMENT |
| MAY 90 - DEC PAID INTO 94 | " " " DEFERRED COMP | AT AGE 55 |
| | | |
| | | |
| | | |
| | | |

GPO 2001 70-729 (mac)

**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

Saxby Chambliss
(Full Name)

1019 Longworth Bldg.
Washington DC 20515
(Mailing Address)

202/225-6531
Daytime Telephone

| | | | |
|---|---|---|---|
| Filer Status | ☒ Member of the U.S. House of Representatives | State: GA District: 08 | ☐ Officer or Employee — Employing Office: |
| Report Type | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☒ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☒ | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☒ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☒ | No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☒ | No ☐ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Saxby Chambliss | 05-15-01 |

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| Name | Page ___ of ___ |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Colquitt County Board of Education | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name | Page ___ of ___

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Examples | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example: Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | 1st Bank of Paducah KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | SW GA FIN CORP | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Kendallwood Crossing | | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | APEEC CORP STOCK | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | CONG. FED. CREDIT UNION | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | AMERICA ONLINE | X | | | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name | Page ____ of ____

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | AMERICA ONLINE | | | X | | 8-30-00 | X | | | | | | | | | |
| | APEEC (CORPORATION DISSOLVED) | | (dissolved) | | | | N/A | | | | | | | | | |
| | – NO payments made to | | | | | | | | | | | | | | | |
| | individual investors/directors | | | | | | | | | | | | | | | |

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| Name | Page of |
|---|---|

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | AMERICAN BANKING CO. OF GA | UNSECURED CONS. LOAN | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Safar. Club Int'l | Feb. 3-6, 00 | ATL-GA - Reno, NV - ATLGA | Yes | Yes | Yes | N |
| | MEAD CORP. | Sept. 24-25, 2000 | Macon, GA / Jacksonville, FL / Kingsland, GA / Wash DC | Yes. | Yes | NO | NO |

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| Name | Page of ___ |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| DIRECTOR/ OFFICER | APEEC CORP (corporation disolved) |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 2001 70-729 (mac)

**Use additional sheets if more space is required.**

REPUBLICAN STEERING COMMITTEE
COMMITTEE ON AGRICULTURE
COMMITTEE ON ARMED SERVICES
COMMITTEE ON THE BUDGET
VICE CHAIRMAN
CONGRESSIONAL AIR POWER CAUCUS
CO CHAIRMAN
CONGRESSIONAL SPORTSMEN'S CAUCUS
CO CHAIRMAN

SAXBY CHAMBLISS
8TH DISTRICT, GEORGIA
Congress of the United States
House of Representatives

WASHINGTON OFFICE: 1026 LONGWORTH OFFICE BUILDING, WASHINGTON, DC 20515, (202) 225-6531
DISTRICT OFFICES: 577 COTTON AVENUE, SUITE 200, MACON, GA 31201, (912) 752-0800; 208 TEBEAU STREET, WAYCROSS, GA 31501, (912) 283-3180
TOLL FREE: 1-800-234-4208
www.house.gov/chambliss

INSIDE MAIL
LEGISLATIVE RESOURCE CENTER
2001 MAY 24 PM 4:00
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MC (4)

May 22, 2001

The Honorable Joel Hefley
Committee on Standards of Official Conduct
U.S. House of Representatives
Suite HT-2, The Capitol
Washington, DC 20515-6328

Subject: Amendment to Financial Disclosure Statement for Calendar Year 2000

Dear Mr. Chairman:

Attached please find an amendment to my Financial Disclosure Statement submitted May 15, 2001. I am writing to clarify the purpose of the amendment.

Pursuant to information received from my accountant after the statement was submitted, I am amending Schedule III and Schedule IV to reflect:

1. no transaction took place in calendar year 2000 for the asset, "APEEC Corp. Stock;"
2. the asset had no value at the end of calendar 2000 and the corporation is in the process of dissolving.

Should you have any further questions, please let me know.

Very truly yours,

Saxby

Saxby Chambliss

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

INSIDE MAIL

LEGISLATIVE RESOURCE CENTER
2001 MAY 24 PM 4:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Saxby Chambliss
(Full Name)

1019 Longworth Bldg.
(Mailing Address)

WASHINGTON DC 20515

202/225-6531
Daytime Telephone

(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State GA District 08 | [ ] Officer or Employee | Employing Office |
| Report Type | [ ] Annual (May 15) | [X] Amendment | [ ] Termination | Termination Date |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Saxby Chambliss | 5-22-01 |

780

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Chumbliss | Page ___ of ___

**BLOCK A — Asset and/or Income Source**

Identify: (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example: Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| DC | | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | SW GA Fin. CORP | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | KENDALLWOOD CROSSING | | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | APEEC CORP STOCK | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | CONG. Fed. Credit Union | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | America Online | X | | | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name Chambliss | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | America Online | | | X | | 8/30/00 | X | | | | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

01 MAY 15 PM 2:08

(8)

**HAND DELIVERED**

(Office Use Only)

MC

DONNA MARIE CHRISTIAN-CHRISTENSEN
(Full Name)

1510 LONGWORTH HOB
(Mailing Address)

WASHINGTON, D.C.

Daytime Telephone (202) 225-1790

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State/District: Virgin Islands | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | [signature] | May 15, 2001 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| Armed forces retirement pension | Spouse | N/A |
| Survivor benefits | Spouse | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

Name DONNA M. CHRISTIAN CHRISTENSEN Page 3 of 8

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: DONNA M. CHRISTIAN CHRISTENSEN



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | Block B | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* | SP | Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 102 Richmond Office Bldg | | | | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | |
| | 3 BR Condo - Puerto Vallarta | | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |

(in neither instance does rent cover mortgage or other expenses)

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name: DONNA M. CHRISTIAN CHRISTENSEN

Page 5 of 8

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | NONE | | | | | | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | V.I. Community Bank, V.I. | Mortgage – 102 Richmond | | | | X | | | | | | |
| | V.I. Community Bank, V.I. | Business Loan | | X | | | | | | | | |
| | Chase Manhattan Bank, VI | Mortgage – Condo | | | X | | | | | | | |
| | U.S. Government | Taxes | | X | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | NONE | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Harlem Directors Group | Mar 28-29 | DC => NYC => DC | Y | Y | Y | N |
| | Rush Medical Center | June 1-4 | STCroix => STThomas-STX | Y | Y | N | N |
| | Caribbean Business Crf | Nov 9-11 | STCroix-Jamaica- DC | Y | Y | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Vice President | Virgin Islands Medical Institute |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |



**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

01 MAY 15 PM 3:25

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

9

HC
HAND DELIVERED
(Office Use Only)

WILLIAM L. CLAY, JR.
(Full Name)

5136 WASHINGTON AVENUE
(Mailing Address)

(202) 225-2406
Daytime Telephone

ST. LOUIS, MISSOURI 63112

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Missouri District: 1 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | X Wm. Lacy Clay | X 05-15-01 |

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | STATE OF MISSOURI | STATE SENATOR | 26,711 |
| | ST. LOUIS DEVELOPMENT CORPORATION | ADMINISTRATOR | 53,727 |
| | EASTERN MISSOURI LABORER'S DISTRICT COUNCIL | CONSULTANT | 10,000 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY N/A

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name WILLIAM L. CLAY, JR. Page 4 of 9

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Examples:* SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| SP | FIRST COMMUNITY C. U. | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | STATE OF MISSOURI DEFERRED COMP PLAN | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | GENERAL AMERICAN (401k) | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

N/A

Continuation Sheet (if needed)

Name WILLIAM L. CLAY, JR.

Page 5 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None<br>B $1 – $1,000<br>C $1,001 – $15,000<br>D $15,001 – $50,000<br>E $50,001 – $100,000<br>F $100,001 – $250,000<br>G $250,001 – $500,000<br>H $500,001 – $1,000,000<br>I $1,000,001 – $5,000,000<br>J $5,000,001 – $25,000,000<br>K $25,000,001 – $50,000,000<br>L Over $50,000,000 | DIVIDENDS<br>RENT<br>INTEREST<br>CAPITAL GAINS<br>EXCEPTED TRUST<br>QUALIFIED BLIND TRUST<br>Other Type of Income (Specify) | I None<br>II $1 – $200<br>III $201 – $1,000<br>IV $1,001 – $2,500<br>V $2,501 – $5,000<br>VI $5,001 – $15,000<br>VII $15,001 – $50,000<br>VIII $50,001 – $100,000<br>IX $100,001 – $1,000,000<br>X $1,000,001 – $5,000,000<br>XI Over $5,000,000 | P<br>S<br>E |
| | | | | | |

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## SCHEDULE IV — TRANSACTIONS N/A

Name WILLIAM L. CLAY, JR. Page 6 of 9

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |

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Name WILLIAM L. CLAY, JR. | Page 7 of 9

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | FORD CREDIT | AUTO NOTE ON '98 MTNEER | X | | | | | | | | | |
| | LOAN SVC CTR-JEFFERSON CITY MO | MORTGAGE ON: 6136 WASHINGTON | X | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

N/A

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example* Mr Joseph H Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

N/A

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| SENATOR | STATE OF MISSOURI |
| BOARD OF DIRECTORS MBR. | WILLIAM L. CLAY SCHOLARSHIP FUND |
| TREASURER | ST. LOUIS GATEWAY CLASSIC SPORTS FOUNDATION |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 11/15/00 | WILLIAM L. CLAY, JR. AND EASTERN MISSOURI LABORER'S DISTRICT COUNCIL | To promote and assist in securing construction education programs within the city of St. Louis. |



**Use additional sheets if more space is required.**

Wm. LACY CLAY
1st District, Missouri

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–2501

LEGISLATIVE RESOURCE CENTER
2001 MAY 24 PM 12: 37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 23, 2001

✓
MC
(10)

Mr. Jeff Trandahl
Clerk, U. S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, D. C. 20515

Dear Mr. Trandahl:

This letter is being submitted as an amendment to my Financial Disclosure Statement for 2000. It is intended to provide clarification for information included in Schedule I, Schedule III and Schedule IX.

Schedule I – Earned Income

St. Louis Development Corporation — Spouse salary

Schedule III – Assets and "Unearned Income"

SP First Community Credit Union — Value of Asset - $1,001 - $15,000

SP St. Louis Development Corporation Employee Retirement Plan and Trust is a defined contribution plan administered by General American.

Schedule IX – Agreements

11/15/00 – 12/31/00 Employment contract between William L. Clay, Jr. and the Eastern Missouri Laborers' District Council

Please contact me should you have any questions or desire further clarification.

Sincerely,

Wm. Lacy Clay

William Lacy Clay
Member of Congress

PRINTED ON RECYCLED PAPER

801

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2001 MAY 24 PM 12:37
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HOUSE OF REPRESENTATIVES
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# UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees

WILLIAM L. CLAY, JR.
(Full Name)

6136 WASHINGTON AVENUE
ST. LOUIS, MISSOURI 63112
(Mailing Address)

(202) 225-2406
Daytime Telephone

| | | | | | |
|---|---|---|---|---|---|
| **Filer Status** | X | Member of the U.S. House of Representatives | State: Missouri District 1 | Officer or Employee | Employing Office |
| **Report Type** | X | Annual (May 15) | Amendment | Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes X | No | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes | No X |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes | No X | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes | No X |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes X | No | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes X | No |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes | No X | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes | No X |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes X | No | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes | No X |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes | No X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| *Examples* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| STATE OF MISSOURI | STATE SENATOR | 26,711 |
| ST. LOUIS DEVELOPMENT CORPORATION | ADMINISTRATOR | 53,727 |
| EASTERN MISSOURI LABORER'S DISTRICT COUNCIL | CONSULTANT | 10,000 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

N/A

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |

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Name WILLIAM L. CLAY, JR. | Page 4 of 9

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | BLOCK A Asset and/or Income Source | | BLOCK B Value of Asset: None | A $1 – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | BLOCK D Amount of Income: None | I $1 – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | XI | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | | SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | | P |
| DC | *Examples* | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | | |
| JT | | | 1st Bank of Paducah KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| SP | FIRST COMMUNITY C. U. | | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | STATE OF MISSOURI DEFERRED COMP PLAN | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | GENERAL AMERICAN (401k) | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

N/A

Continuation Sheet (if needed)

Name WILLIAM L. CLAY, JR.

Page 5 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS N/A

Name WILLIAM L. CLAY, JR. Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | FORD CREDIT | AUTO NOTE ON '98 MTNEER | X | | | | | | | | | |
| | LOAN SVC CTR-JEFFERSON CITY MO | 6136 MORTGAGE ON: WASHINGTON | X | | | | | | | | | |
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## SCHEDULE VI — GIFTS

N/A

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr Joseph H Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | | |
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**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

N/A

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| SENATOR | STATE OF MISSOURI |
| BOARD OF DIRECTORS MBR. | WILLIAM L. CLAY SCHOLARSHIP FUND |
| TREASURER | ST. LOUIS GATEWAY CLASSIC SPORTS FOUNDATION |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 11/15/00 | WILLIAM L. CLAY, JR. AND EASTERN MISSOURI LABORER'S DISTRICT COUNCIL | To promote and assist in securing construction education programs within the city of St. Louis. |



Use additional sheets if more space is required

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2001 MAY 18 PM 4:04
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(5)

MAY 15 2001
(Office Use Only)

EVA MCPHERSON CLAYTON
(Full Name)

59 RIVER ROAD
(Mailing Address)

(202) 225-3101
Daytime Telephone

LITTLETON, NC 27850

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: District: | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Eva McPherson Clayton | MAY 11, 2001 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | THEAOSEUS T. CLAYTON, P.A. | SPOUSE SALARY | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B | | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | | SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| | *Examples.* | | Simon & Schuster | Indefinite | | | | | | | | | | | | | | X | | | Royalties | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | | | | | | | | | X | | | | | | |
| JT | 307 W Franklin St | | | | | X | | | | | | | | | | NA | | | | | | X | | | | | | | | | | |
| | Warrenton, NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | BB&T, Warrenton, NC | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

Name EVA MCPHERSON CLAYTON | Page 4 of 5

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| SP | First Citizens Bank, Warrenton, NC | Mortgage on 307 W Franklin | | | | | | | | | | |
| | | Street, Warrenton, NC | | | | | | | | | | |
| | | Property | | X | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Name EVA MCPHERSON CLAYTON | Page 5 of 5

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| The Congressional Program of The Aspen Institute | Feb. 18-23 | Raleigh, NC-Atlanta, GA-San Juan, Puerto Rico San Juan, Puerto Rico-Atlanta, GA-Raleigh, NC | Y | Y | Y | N |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 12:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Robert (Bob) N. Clement
(Full Name)

2229 Rayburn Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: (202) 225-4311

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: TN Distrct: 5 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Robert (Bob) N. Clement | 05/15/01 |

815

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert (Bob) N. Clement

Page 2 of 11

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investment(s)), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset | Block C: Type of Income | Block D: Amount of Income | Block E: Transaction |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| SP. SP Mega Corp Stock | | | X | X | P |
| DC. *Examples:* Simon & Schuster | | Indefinite | | | |
| JT 1st Bank of Paducah, KY accounts | | | X | X | |
| | | | Royalties | | |
| Dickson Financial Corp Stock, Dickson, TN | | X | X | X | |
| RSC Inv Real Estate Holdings, Hwy 46, Dickson, TN 18% partnership interest | | X | X | X | |
| | | | X | X | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert (Bob) N. Clement

Page 3 of 11

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Forrest Hills Development Real Estate held for Investment, Hwy 70, Dickson, TN: 13 1/3% partnership int. | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Maybelle G Clement Investment, Dickson, TN: 2/9 partnership interest | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | AmSouth Bank (previously First American, Nashville TN | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Teachers Ins & Annuity Assn. College Retirement Fund: Regular/Supplemental | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | State of TN Retirement | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ridgeview Apts., Residential Rental, Rt. 2, Jefferson City, TN: 25 % partnership interest | | | | X | | | | | | | | | | X | X | | | | | | | X | | | | X | | | | | |
| SP | Franklin Nat'l Bank (Franklin Financial Corp,) Franklin TN | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |

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SCHEDULE III ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name Robert (Bob) N. Clement

Page 4 of 11

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Legg Mason Cash Reserves Trust | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | S |
| | Wright Patman Credit Union Washington, DC | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Health Care Products Nashville, TN, investment | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| DC | Prudential Equity Income Fund: Class A | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Premier Bank, Brentwood, TN Common Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Meager Means Investment Club, Arlington, VA 4.76% Interest | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | |
| | Plymouth Haven Church (Reliance Trust) | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | Rental Property 11212 Front Beach Rd.,Windward # 601, Panama City, FL | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | Note Receivable O.J. Gonzales | | | | X | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | |

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SCHEDULE III ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name Robert (Bob) N. Clement

Page 5 of 11

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | First Union Bank, Alexandria, VA | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Bank of Nashville, Nashville TN | | | X | | | | | | | | | | X | | X | | | | | | X | | | | | | | | | | |
| | Vanguard Securities Fund, Prime Money Market | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | | E |
| | Vanguard Securities Fund - GNMA | X | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | E |
| | Vanguard International Value Fund | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | E |
| | Lehman Brothers, Sequoia Software Corp. | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Wilson Bank & Trust I.R.A. | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Note Receivable - Normandy Chateau/Steve Hall -2nd mortgage | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |

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SCHEDULE III -- ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name Robert (Bob) N. Clement

Page 6 of 11

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | MERRILL LYNCH IRA'S: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pacific Funds Class B | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | Merrill Lynch CMA | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| SP | Pharmacia Corp. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | LEGG MASON IRA'S: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | National Health Investors | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | Entrust Technologies | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | First TN National | | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Franklin Financial Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | Keystone Automotive Ind. | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Oracle Corp. | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | Rare Medium Group Inc | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P&S |
| | Sun Microsystems Inc | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Xilinx Inc | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Home Depot, Inc. | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Intel Corp | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Lucent Technologies | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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SCHEDULE III ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name Robert (Bob) N. Clement

Page 7 of 11

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | MERRILL LYNCH: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Ebay | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| DC | Global Marine | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| DC | Oracle Corp | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | |
| DC | Pfiser | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| DC | Rare Medium Group | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | P |
| DC | Yahoo | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | P |
| DC | ML Banking Advantage | | | X | | | | | | | | | | X | | X | | | | | | | X | | | | | | | | |
| DC | Seligman Communications | X | | | | | | | | | | | | X | | | X | | | | | | X | X | | | | | | | S |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Broadcom | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| DC | Compact Computer | | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | P |
| DC | Global Marine | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| DC | L.C.C. International | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| DC | Delaware Select Mutual | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| DC | ML Banking Advantage | | X | | | | | | | | | | | X | | X | | | | | | X | | | | | | | | |
| DC | Home Depot | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | P |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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## SCHEDULE IV — TRANSACTIONS

Name Robert (Bob) N. Clement

Page 8 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example.* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Vanguard GNMA to Prime Money Market Fund | | | X | 02-14-00 | | | | X | | | | | | |
| | Vanguard GNMA to International Value Fund | | | X | 02-14-00 | | X | | | | | | | | |
| SP | Rare Medium Group Inc | | X | | 01-25-00 | X | | | | | | | | | |
| SP | Lucent Technologies Inc | | | | 01-28-00 | X | | | | | | | | | |
| SP | American Freightways Corp | | X | | 10-19-00 | X | | | | | | | | | |
| SP | Intel Corp | X | | | 10-19-00 | X | | | | | | | | | |
| SP | Legg Mason Cash Reserves Trust | | X | | 01-12-00 | X | | | | | | | | | |
| SP | Legg Mason Cash Reserves Trust | | X | | 02-22-00 | | | | X | | | | | | |
| SP | Legg Mason Cash Reserves Trust | | X | | 03-08-00 | X | | | | | | | | | |
| SP | Legg Mason Cash Reserves Trust | | X | | 06-29-00 | | | | X | | | | | | |
| | Entrust Technologies Inc | X | | | 01-25-00 | X | | | | | | | | | |
| | Rare Medium Group Inc | | X | | 01-25-00 | X | | | | | | | | | |
| | Xilinx Inc | X | | | 01-25-00 | X | | | | | | | | | |
| | Johnson & Johnson | | X | | 02-24-00 | X | | | | | | | | | |
| | National Health Investors | X | | | 02-24-00 | X | | | | | | | | | |
| | Franklin Financial Corp | X | | | 02-29-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Robert (Bob) N. Clement

Page 9 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example.* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Entrust Technologies Inc | X | | | 04-24-00 | | X | | | | | | | | |
| | Rare Medium Group Inc | X | | | 04-24-00 | X | | | | | | | | | |
| | Southwest Airlines Co | | X | | 04-28-00 | | X | | | | | | | | |
| | Worldcom Inc GA New | | X | | 06-30-00 | X | | | | | | | | | |
| | Oracle Corp | X | | | 10-16-00 | | | | | | | | | | |
| | American Freightways Corp | | X | | 12-29-00 | | X | | | | | | | | |
| DC | America on Line | | X | | 03-03-00 | X | | | | | | | | | |
| DC | Wareforce.com Inc | X | | | 03-03-00 | X | | | | | | | | | |
| DC | Wareforce.com Inc | | X | | 06-26-00 | X | | | | | | | | | |
| DC | Global Crossing Ltd | | X | | 06-26-00 | X | | | | | | | | | |
| DC | Compact Computers | X | | | 06-26-00 | X | | | | | | | | | |
| DC | Applied Material Inc | | X | | 09-11-00 | X | | | | | | | | | |
| DC | Home Depot | X | | | 10-19-00 | X | | | | | | | | | |
| DC | Volkswagen AG Spons ADR | | X | | 01-13-00 | X | | | | | | | | | |
| DC | Sagent Technology Inc | X | | | 01-13-00 | X | | | | | | | | | |
| DC | Aethea Systems Inc | | X | | 01-28-00 | | X | | | | | | | | |

This page may be copied if more space is required.

## SCHEDULE IV — TRANSACTIONS

Name Robert (Bob) N. Clement

Page 10 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| DC | Oxford Health Plans Inc | | X | | 02-09-00 | X | | | | | | | | | |
| DC | IXL Enterprises Inc | | X | | 02-09-00 | X | | | | | | | | | |
| DC | Sagent Technology Inc | | X | | 03-10-00 | X | | | | | | | | | |
| DC | Metrocall | X | | | 03-10-00 | X | | | | | | | | | |
| DC | IXL Enterprises | | X | | 03-10-00 | X | | | | | | | | | |
| DC | Rare Medium Group | X | | | 10-19-00 | X | | | | | | | | | |
| DC | Oxford Health Plans Inc | | X | | 10-27-00 | | X | | | | | | | | |
| DC | Seligman Comm & Info Fund | | X | | 12-14-00 | X | | | | | | | | | |
| DC | Yahoo | X | | | 12-14-00 | X | | | | | | | | | |
| DC | Entrust | | X | | 12-14-00 | X | | | | | | | | | |
| | Lehman Brothers | X | | | 05-12-00 | X | | | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | Ridgeview Apartments |
| Partner | RSC Investments |
| Partner | Forrest Hills Development |
| Partner | Maybelle C. Clement Investments |
| Board Member | Board of Trust, Cumberland University |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
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**Use additional sheets if more space is required.**

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(Office Use Only)

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees



James E. Clyburn
(Full Name)

1703 Gervais Street Columbia, SC 29201
(Mailing Address)

803-799-1100
Daytime Telephone

| | | | |
|---|---|---|---|
| Filer Status | ☑ Member of the U.S. House of Representatives | State SC District 06 | ☐ Officer Or Employee — Employing Office |
| Report Type | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** | Yes ☑ No ☐ | |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** | Yes ☑ No ☐ | |
| VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ | |
| VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ | |
| VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ | |
| IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ | |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | James E. Clyburn | 6/14/01 |

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## SCHEDULE I - EARNED INCOME

**Name** James E. Clyburn



**List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.**

| Source | Type | Amount |
|---|---|---|
| South Carolina Retirement System (This income is not subject to the outside earned income limit | Retirement from the State of South Carolina | $53,100 |
| U. S. Department of Veteran Affairs | Retirement Income | N/A |

## SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name James E Clyburn



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Saint Micheal's United Methodist Church, Kingstree, SC | Speech | May 6, 2000 | $100 |
| Morris Street Baptist Church, Charleston, SC | Speech | May 16, 2000 | $300 |
| Pleasant Hill Baptist Church, Bennettsville, SC | Speech | June 11, 2000 | $100 |
| Mount Pleasant Baptist Church, Herndon, VA | Speech | June 17, 2000 | $500 |
| Peoples Institutional A. M E. Church, Brooklyn, NY | Speech | June 18, 2000 | $500 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James E Clyburn



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Fort Jackson Federal Credit Union | $1 - $1,000 | I/INTEREST | $1 - $200 | |
| | South Carolina State Credit Union | $1 - $1,000 | INTEREST | $1 - $200 | |
| | Bank of America | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| | SCANA Corporation | $1,001 - $15,000 | DIVIDENDS | $1,001 - $2,500 | |
| | Automated Data Processing | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | Bank of America | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James E. Clyburn



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| 645-47 W. Liberty Street<br>Sumter, SC (50% ownership) | $50,001 - $100,000 | RENT | $2,501 - $5,000 | |
| Bank of America | $15,001 - $50,000 | IRA | NONE | |
| Merrill Lynch, Columbia, SC | $15,001 - $50,000 | IRA | NONE | |
| Wright-Patman Congressional Federal Credit Union | $1 - $1,000 | INTEREST | $1 - $200 | |

## SCHEDULE V - LIABILITIES

Name James E. Clyburn



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Countrywide Funding, Van Nuys, CA | 609 Santee Drive<br>Santee, SC | $100,001 - $250,000 |
| | NBSC Columbia, SC | Mortgage on 645-47 Liberty Street<br>Sumter, SC (50% interest) | $15,001 - $50,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James E. Clyburn



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Association of American Railroads | Jan. 21-24 | Wash., D.C. - Palm Springs-Wash , D.C. | Y | Y | Y | N/A |
| Swarthmore College | Feb. 14-15 | Columbia, SC - Philadephia-Columbia, S.C. | Y | N | N | N/A |
| Ft. Sam Houston | Feb. 27-28 | Columbia, SC-San Antonio-Columbia | Y | Y | N | N/A |
| Amistad America, Inc. | Mar. 23-26 | Wash., DC-Hartford-Wash., DC | Y | Y | N | N/A |
| | | | | | | N/A |
| NAACP, Oak Ridge, TN | April 15-16 | Wash., DC-Knoxville-Columbia, SC | Y | Y | N | N/A |
| Association of American Railroads | April 28-30 | Wash., DC-Kiawah Island-Columbia, SC | Y | Y | N | N/A |
| Dept. Of Energy/GA | May 12 | Columbia, SC-Savannah, GA-Columbia, SC | N | N | N | N/A |
| Christopher Reynolds Foundation & General Service Foundation | May 30-June 4 | Columbia, SC-Havana, Cuba-Columbia, SC | Y | Y | N | N/A |
| NYSE/Bell Atlantic/Humpty Dumpty Institute | June 16-17 | Wash., DC-NY-Columbia, SC | Y | Y | Y | N/A |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James E. Clyburn



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Lowe's Companies | Sept. 6 | Wash., DC-Charlotte,NC-Washington, DC | Y | Y | N | N/A |
| North Carolina Primary Health Care | Sept. 22-23 | Columbia, SC-Winston-Salem-Columbia | Y | Y | N | N/A |
| Nuclear Energy Institute | Nov. 17-22 | Wash., DC-Paris-Wash., DC. | Y | Y | Y | N/A |

# SCHEDULE VIII - POSITIONS

**Name** James E. Clyburn



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | Allen University |
| Trustee | Brookgreen Gardens |
| Council Member | Jaguar Advisory Council on Diversity |

(13)

# UNITED STATES HOUSE OF REPRESENTATIVES

**FORM A**



**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 15 AM 10:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

John Howard Coble
(Full Name)

5741-L Bramblegate Road Greensboro, NC 27409
(Mailing Address)

202.225.3065
Daytime Telephone

(Office Use Only)

**Filer Status** ☑ Member of the U S House of Representatives — State NC District 06 — ☐ Officer Or Employee — Employing Office.

**Report Type** ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $280 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $280 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**Trusts--** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

**Exemptions--** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | John Howard Coble | 05-15-01 |

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# SCHEDULE II - PAYMENTS IN LIEU OF HONO

Nam John Howard Coble



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| National Grocers Association | Attended DC reception | July 17, 2000 | $50 in food |
| Nostalgia Television Networks | Participated in TV documentary | August 1, 200 | $2,000 |

# SCHEDULE III - ASSETS AND "UNE

Nam John Howard Coble



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Wal Mart Common Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| Toys R Us Common Stock | $1,001 - $15,000 | DIVIDENDS | NONE | S |
| Verizon Common Stock (formerly known as GTE) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| Lance Common Stock | $1,001 - $15,000 | DIVIDENDS | NONE | S |
| Cienna Corporation Common Stock | $1,001 - $15,000 | DIVIDENDS | NONE | S |
| Rhythms NetConnections Common Stock | $1,001 - $15,000 | DIVIDENDS | NONE | PS |

# SCHEDULE III - ASSETS AND "UNE

Nam John Howard Coble



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| America On Line Common Stock | $1 - $1,000 | DIVIDENDS | NONE | P |
| Ivillage Inc. Common Stock | $1,001 - $15,000 | DIVIDENDS | NONE | PS |
| AllState Corporation Common Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| Acxiom Common Stock | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Atmel Common Stock | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Boston Scientific Common Stock | $1,001 - $15,000 | DIVIDENDS | NONE | P |

# SCHEDULE III - ASSETS AND "UNE

Nam John Howard Coble



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Flextronics Intl. Common Stock | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| RF Micro Devices Common Stock | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Aim Constellation Mutual Fund | $50,001 - $100,000 | DIVIDENDS | NONE | |
| Davis NY Venture Mutual Fund | $50,001 - $100,000 | DIVIDENDS | $5,001 - $15,000 | |
| BB&T Balanced Mutual Fund | $50,001 - $100,000 | DIVIDENDS | $201 - $1,000 | |
| BB&T Growth & Income Fund | $50,001 - $100,000 | DIVIDENDS | $1,001 - $2,500 | |

# SCHEDULE III - ASSETS AND "UNE

Nam John Howard Coble



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year |
|---|---|---|---|---|
| BB&T Savings Bank Savings Account | $15,001 - $50,000 | INTEREST | $2,501 - $5,000 | |
| Wright Patman FCU Savings Account | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | |
| First Union Bank Checking Account | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| First Citizens Bank Savings Account | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| Bank of America Checking Account | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| Bank of North Carolina Stock | $1,001 - $15,000 | DIVIDENDS | NONE | |

# SCHEDULE III - ASSETS AND "UNE

Nam John Howard Coble



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Jefferson-Pilot Fixed Annuity | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| Jefferson-Pilot Variable Annuity #1 | $15,001 - $50,000 | DIVIDENDS | NONE | |
| Jefferson-Pilot Variable Annuity #2 | $15,001 - $50,000 | DIVIDENDS | $5,001 - $15,000 | |
| Allmerica Insurance Annuity | $15,001 - $50,000 | DIVIDENDS | NONE | |
| MassMutual Insurance Annuity #1 | $15,001 - $50,000 | DIVIDENDS | $5,001 - $15,000 | |
| MassMutual Insurance Annuity #2 | $1,001 - $15,000 | DIVIDENDS | NONE | |

# SCHEDULE III - ASSETS AND "UNE

Nam John Howard Coble



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Phoenix Home Life Insurance Annuity | $15,001 - $50,000 | DIVIDENDS | NONE | |
| State Employees Credit Union Savings Account | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| Merrill Lynch Cash Management Account | $100,001 - $250,000 | INTEREST | $201 - $1,000 | |
| Merrill Lynch IRA | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| House and one acre, Blowing Rock, NC | $50,001 - $100,000 | NA | NA | |
| 78 acre farm, Henry County, VA | $50,001 - $100,000 | NA | NA | |

# SCHEDULE III - ASSETS AND "UNE

Nam John Howard Coble



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Lexington State Bank Certificate of Deposit | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| Sterling South Bank Stock | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Van Kampen American Enterprise Fund | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Van Kampen American Emerging Growth Fund | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Elan Corporation Common Stock | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Lehman Brothers Holdings Common Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |

# SCHEDULE IV - TRANSACTIONS

Nam John Howard Coble



**Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.**

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Lance Common Stock | PS | 2-16-00/ 3-14-00 | $1,001 - $15,000 |
| | Cienna Corporation Common Stock | S | 9-5-00 | $1,001 - $15,000 |
| | Rhythms NetConnections Common Stock | PS | 3-3-00/12-20-00 | $1,001 - $15,000 |
| | America On Line Common Stock | P | 3-3-00 | $1,001 - $15,000 |
| | Ivillage Inc. Common Stock | PS | 3-14-00/7-28-00 | $1,001 - $15,000 |
| | AllState Corporation Common Stock | P | 3-14-00 | $1,001 - $15,000 |
| | Acxiom Common Stock | P | 7-28-00 | $1,001 - $15,000 |
| | Atmel Common Stock | P | 9-19-00 | $1,001 - $15,000 |
| | Boston Scientific Common Stock | P | 9-19-00 | $1,001 - $15,000 |
| | Flextronics Intl. Common Stock | P | 9-19-00 | $1,001 - $15,000 |
| | RF Micro Devices Common Stock | P | 7-20-00 | $1,001 - $15,000 |
| | Sterling South Bank Stock | P | 5-20-00 | $1,001 - $15,000 |

# SCHEDULE IV - TRANSACTIONS

Nam John Howard Coble



**Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.**

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Van Kampen American Enterprise Fund | P | 4-4-00 | $1,001 - $15,000 |
| | Van Kampen American Emerging Growth Fund | P | 1-27-00 | $1,001 - $15,000 |
| | Toys R Us Common Stock | S | 3-3-98 | $1,001 - $15,000 |
| | Elan Corporation Common Stock | P | 4-16-99 | $1,001 - $15,000 |
| | Lehman Brothers Holdings Common Stock | P | 9-30-99 | $1,001 - $15,000 |

# SCHEDULE VII - TRAVEL PAYMENTS AN

Nam John Howard Coble



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| US-Morocco Affairs Council | Jan. 11-18 | Wash., D.C. - Rabat, Morocco - Wash., D.C. | Y | Y | N | N/A |
| NC Association of Broadcasters | July 23-24 | Greensboro, NC - Wilmington, NC - Wash., D.C. | Y | Y | N | N/A |
| American Crop Protection Association | Sept. 22-24 | Wash., D.C. - White Sulphur Springs, WV - Wash., D.C. | Y | Y | N | N/A |

# SCHEDULE VIII - POSITIONS

Nam John Howard Coble



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Member, Board of Visitors | Guilford College, Greensboro, NC |
| Member, Board of Associates | Greensboro College, Greensboro, NC |
| Member, Congressional Advisory Board | Congressional Youth Leadership, Washington, DC |
| Member, National Advisory Board | Jefferson Educational Foundation, Washington, DC |
| Member, Congressional Board of Advisors | Common Sense, Inc., Stafford, VA |
| Honorary Chairman | Jefferson Islands Club, Washington, DC |
| Member, Congressional Advisory Board | India Abroad Center for Political Awareness, Washington, DC |
| Member, Congressional Board of Advisors | Close Up Foundation, Washington, DC |
| Member, Steering Committee | The Faith & Politics Institute, Washington, DC |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
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MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Michael Allen (Mac) Collins
(Full Name)

189 Buttrill Road
(Mailing Address)

Jackson, GA 30233

Daytime Telephone: 202-225-5901

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: GA District: Third | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Mac Collins | 5-15-01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Collins Trucking Co., Inc. (family owned business) | advisor | 19,200.00 |
| | Collins Trucking Co., Inc. | spouse salary | n/a |
| | Collins Industries, Inc. | spouse salary | n/a |

For payments to charity in lieu of honoraria, use Schedule II.

Name Michael A.(Mac) Collins | Page 3 of 9

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| American Leadership Conference | speech | July 21,2000 | 1,500.00 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael A. (Mac) Collins

Page 4 of 9

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| BLOCK A | | | BLOCK B | | | | | | | | | | | BLOCK C | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership, Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, or E |
| SP, DC, JT | *Examples* | SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | | | Simon & Schuster Inc/Profits | | | | | | | | | | | | | | X | | | | Royalties | | | | | | | | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cong.Fed. Credit Union | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Western Reserve (IRA) | | | | | | X | | | | | | | | | | N/A | | | | | | | | | N/A | | | | | | |
| | Collins Trkg.Co,Inc.(Sub-S) | | | | | | | | | X | | | | | X | | | | | | | X | | | | | | | | | | |
| | McIntosh State Bank | | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Putnam Fund (Mutual Fund) | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | S |
| | The Farm, Hwy.16 E,Jackson,GA | | | | | | X | | | | | | | | | | | | | | Farm Income | | | | | X | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael A. (Mac) Collins



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Personal Stock: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cisco Systems Inc. | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Delta Air Lines Inc. | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Home Depot Inc | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Wal Mart | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Synovus | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Abiomed | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | S |
| | Jackson Investment Club (1/16 ownership - see attachments) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bank of America | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | S |
| | Home Depot Inc. | | | X | | | | | | | | | | X | | | | | | | | | | | X | | | | | | | S |
| | Cisco | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |

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RAYMOND JAMES
& ASSOCIATES, INC
Member New York Stock Exchange/SIPC

2000
COMPOSITE STATEMENT
OF 1099 FORMS

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

| ACCOUNT NUMBER | RECIPIENT'S TAX ID NUMBER |
|---|---|
| 53900095 | 58-6050076 |

RECIPIENT'S NAME AND ADDRESS

JACKSON INVESTMENT CLUB
C/O DAVID HAISTEN
333 S HARKNESS ST
JACKSON GA 30233

| FINANCIAL ADVISOR | | PAYER'S NAME AND ADDRESS |
|---|---|---|
| TASH S. ELWYN<br>ATLANTA<br>100 GALLERIA PARKWAY N.W.<br>SUITE 1760<br>ATLANTA, GA 30339<br><br>(770) 952-1345 | | RAYMOND JAMES & ASSOCIATES, INC.<br>880 CARILLON PARKWAY<br>PO BOX 12749<br>ST. PETERSBURG, FL 33733-2749 |
| OFFICE | FA # | PAYER'S TAX ID NUMBER |
| 33Q | 3278 | 59-1237041 |

# 2000 FORM 1099 SUMMARY SECTION

2000 DIVIDENDS AND DISTRIBUTIONS (OMB NO. 1545-0110)
1099-DIV COPY B, FOR RECIPIENT

| | | |
|---|---|---|
| 1 | ORDINARY DIVIDENDS | 1,770.40 |
| 2A | TOTAL CAPITAL GAIN DISTRIBUTIONS | .00 |
| 2B | 28% RATE GAIN | .00 |
| 2C | UNRECAPTURED SECTION 1250 GAIN | .00 |
| 2D | SECTION 1202 GAIN | .00 |
| 3 | NON-TAXABLE DISTRIBUTIONS | .00 |
| **4** | **FEDERAL INCOME TAX WITHHELD** | **.00** |
| 6 | FOREIGN TAX PAID *See Detail Section for Country Designation | 11.49 |
| 8 | LIQUIDATION DISTRIBUTIONS - CASH | .00 |

**LINE 2A ALSO INCLUDES THE TOTALS OF 2B, 2C AND 2D.**

2000 INTEREST INCOME (OMB NO. 1545-0112)
1099 INT COPY B, FOR RECIPIENT

| | | |
|---|---|---|
| 1 | INTEREST INCOME NOT INCLUDED ON LINE 3 | 14.36 |
| 3 | INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS | .00 |
| **4** | **FEDERAL INCOME TAX WITHHELD** | **.00** |
| 6 | FOREIGN TAX PAID *See Detail Section for Country Designation | .00 |

NOTE: YOUR TOTAL REPORTABLE INTEREST IS THE SUM OF LINES 1 AND 3.

2000 PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS
1099-B (OMB NO. 1545-0715)

| | | |
|---|---|---|
| 2 | GROSS PROCEEDS LESS COMMISSIONS & OPTION PREMIUMS | 111,979.05 |
| **4** | **FEDERAL INCOME TAX WITHHELD** | **.00** |

NOTE: EACH TRANSACTION INDIVIDUALLY REPORTED TO THE IRS.
SEE FOLLOWING DETAIL SECTION.

JACKSO*ELI*ACAT RAYMOND JAMES & ASSOCIATES, INC. PAGE 4
53900095

**2000 DIVIDENDS AND DISTRIBUTIONS 1099-DIV DETAIL**

ORDINARY DIVIDENDS AND SHORT-TERM CAPITAL GAINS (CONTINUED)

ORDINARY DIVIDENDS DETAIL (CONTINUED)

| DATE | CUSIP | SECURITY DESCRIPTION | AMOUNT | TOTAL BY ISSUE |
|---|---|---|---|---|
| 01/10/00 | 931142103 | WAL MART STORES INCORPORATED | 24.25 | |
| 04/10/00 | 931142103 | | 29.10 | |
| 07/10/00 | 931142103 | | 29.10 | 82.45 |
| | | ORDINARY DIVIDENDS SUBTOTAL | | 1,770.40 |

ORDINARY DIVIDENDS AND SHORT-TERM CAPITAL GAINS.
THIS TOTAL IS THE AMOUNT REPORTED TO THE IRS

FEDERAL INCOME TAX WITHHELD

FEDERAL INCOME TAX WITHHELD
THIS TOTAL IS THE AMOUNT REPORTED TO THE IRS

FOREIGN TAX PAID

| DATE | CUSIP | SECURITY DESCRIPTION | AMOUNT | TOTAL BY ISSUE |
|---|---|---|---|---|
| 04/10/00 | 654902204 | NOKIA CORPORATION SPONSORED ADR (FINLAND) | 11.49 | 11.49 |

FOREIGN TAX PAID
THIS TOTAL IS THE AMOUNT REPORTED TO THE IRS

JACKSO*ELI*ACAT RAYMOND JAMES & ASSOCIATES, INC. PAGE 6
53900095

**PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS**
**(OMB NO. 1545-0715)**
**2000 COPY B, FOR RECIPIENT 1099-B DETAIL**

SALE AND REDEMPTION TRANSACTIONS

**TRANSACTION TYPE**

| | |
|---|---|
| **SWP** | **SYSTEMATIC WITHDRAWAL PLAN** |
| **SLD** | **SALE TRANSACTION** |
| **EXCH** | **EXCHANGE TRANSACTION** |

| (LINE 1A) DATE OF SALE | (LINE 1B) CUSIP | (LINE 5) SECURITY DESCRIPTION TYPE SYMBOL | NUMBER OF SHARES PRICE PER SHARE | (LINE 2) STOCK AND BOND PROCEEDS |
|---|---|---|---|---|
| 07/18/00 | 060505104 | BANK OF AMERICA CORPORATION<br>SLD<br>BAC | <br>500<br>47 1/4 | 23,219.18 |
| 02/22/00 | 191216100 | COCA COLA COMPANY<br>SLD<br>KO | <br>300<br>50 13/16 | 14,956.47 |
| 05/16/00 | 247361108 | DELTA AIR LINES INCORPORATED<br>DELAWARE<br>SLD<br>DAL | <br><br>200<br>56 5/16 | 11,068.12 |
| 01/18/00 | 437076102 | HOME DEPOT INCORPORATED<br>SLD<br>HD | <br>777<br>61 1/4 | 46,987.34 |
| 05/16/00 | 911312106 | UNITED PARCEL SERVICE<br>INCORPORATED CLASS B<br>SLD<br>UPS | <br><br>250<br>64 | 15,720.44 |

SALES OF FRACTIONAL SHARES $20.00 AND OVER

| (LINE 1A) DATE OF SALE | (LINE 1B) CUSIP | (LINE 5) SECURITY DESCRIPTION QUANTITY | SYMBOL | (LINE 2) STOCK AND BOND PROCEEDS |
|---|---|---|---|---|
| 01/24/00 | 437076102 | HOME DEPOT INCORPORATED<br>0.50000 | <br>HD | 27.50 |

TOTAL GROSS PROCEEDS LESS COMMISSIONS & OPTION PREMIUMS
FROM BROKER AND BARTER EXCHANGE TRANSACTIONS
EACH TRANSACTION IS INDIVIDUALLY REPORTED TO THE IRS

## INFORMATION PROVIDED FOR TAX PREPARATION

THE FOLLOWING INFORMATION IS NOT BEING REPORTED TO THE INTERNAL REVENUE SERVICE. WE ARE PROVIDING IT TO YOU AS IT MAY PROVE HELPFUL WHEN PREPARING YOUR 2000 TAX RETURNS. AGAIN, THIS IS ONLY BEING PROVIDED AS A CONVENIENCE TO YOU AND IS NOT BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

### PURCHASE TRANSACTIONS

*(MAY BE NEEDED TO PROVIDE CURRENT AND FUTURE YEAR COST BASIS DATA)*

**TRANSACTION TYPE**

| | |
|---|---|
| PIP | PERIODIC INVESTMENT PLAN |
| BUY | PURCHASE TRANSACTION |
| EXCH | EXCHANGE TRANSACTION |

| TRADE DATE | CUSIP | SECURITY DESCRIPTION TYPE SYMBOL | NUMBER OF SHARES PRICE PER SHARE | AMOUNT |
|---|---|---|---|---|
| 01/18/00 | 031162100 | AMGEN INCORPORATED | | 740.50 |
| | | BUY | 10 | |
| | | AMGN | 69 1/4 | |
| 01/18/00 | 090597105 | BIOGEN INCORPORATED | | 867.38 |
| | | BUY | 10 | |
| | | BGEN | 81 15/16 | |
| 02/22/00 | 17275R102 | CISCO SYSTEMS INCORPORATED | | 15,273.90 |
| | | BUY | 120 | |
| | | CSCO | 125 7/8 | |
| 03/21/00 | 17275R102 | CISCO SYSTEMS INCORPORATED | | 740.25 |
| | | BUY | 5 | |
| | | CSCO | 138 1/4 | |
| 05/16/00 | 17275R102 | CISCO SYSTEMS INCORPORATED | | 20,469.92 |
| | | BUY | 325 | |
| | | CSCO | 61 15/16 | |
| 06/20/00 | 294821400 | ERICSSON L M TELEPHONE | | 946.50 |
| | | ADRS CL-B SEK-10 (SWEDISH) | | |
| | | BUY | 40 | |
| | | ERICY | 22 7/16 | |
| 01/18/00 | 368710406 | GENENTECH INCORPORATED COM NEW | | 1,472.30 |
| | | BUY | 10 | |
| | | DNA | 142 1/4 | |
| 01/18/00 | 444903108 | HUMAN GENOME SCIENCES | | 806.50 |
| | | INCORPORATED | | |
| | | BUY | 4 | |
| | | HGSI | 189 5/8 | |
| 01/18/00 | 46059C106 | INTERNET CAP GROUP | | 10,448.00 |
| | | INCORPORATED | | |
| | | BUY | 75 | |

*MORGAN STANLEY DEAN WITTER*

# 1099-DIV

***STATEMENT FOR TAX YEAR 2000***



OMB. NO.
1545-0110

Account Number FA
519 012748 028

Social Security Number
58-6050076

JACKSON INVESMENT CLUB
ATTENTION: C/O HARRY LEWIS 003303
333 S HARKNESS ST
JACKSON GA 30233

FA Phone Number
(770) 661-0600

## DIVIDENDS AND DISTRIBUTIONS

***This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.***

*The following dividend information is reported to the IRS by payer. When preparing your income tax return you should list payer information separately as shown below.*

| *Payer* | *1. Ordinary Dividends* | *2a. Total Capital Gain Distributions* | *2b. 28% Gain Distributions* | *2c. Section 1250 Gain Distributions* | *3. Non-Taxable Distributions* | *4. Federal Income Tax Withheld* | *6. Foreign Tax Paid* |
|---|---|---|---|---|---|---|---|
| DEAN WITTER REYNOLDS INC.<br>PAYER'S FED. ID. # 94-1671384 | 297.70 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ACTIVE ASSETS MONEY TRUST<br>PAYER'S FED. ID. # 13-3075005<br>PLAN NUMBER 260-090026186 | 3.08 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

MORGAN STANLEY DEAN WITTER

# 1099-DIV DETAIL

STATEMENT FOR TAX YEAR 2000



JACKSON INVESMENT CLUB
ATTENTION: C/O HARRY LEWIS

Account Number 519 012748 FA 028

## DETAIL OF DIVIDENDS AND DISTRIBUTIONS

| Payer/Pay Date | Ordinary Dividends | Long Term Capital Gain Distributions | 28% Gain Distributions | Section 1250 Gain Distributions | Non-Taxable Distributions | Federal Income Tax Withheld | Foreign Tax Paid |
|---|---|---|---|---|---|---|---|
| DEAN WITTER REYNOLDS INC. | | | | | | | |
| COCA COLA CO | | | | | | | |
| 10/01/00 | 51.00 | | | | | | |
| 12/15/00 | 51.00 | | | | | | |
| GENERAL ELECTRIC CO | | | | | | | |
| 10/25/00 | 32.80 | | | | | | |
| HOME DEPOT INC | | | | | | | |
| 12/14/00 | 52.00 | | | | | | |
| INTEL CORP | | | | | | | |
| 12/01/00 | 24.20 | | | | | | |
| LUCENT TECHNOLOGIES | | | | | | | |
| 12/01/00 | 4.00 | | | | | | |
| MC DONALDS CORP | | | | | | | |
| 12/01/00 | 6.45 | | | | | | |
| MOTOROLA INC | | | | | | | |
| 10/16/00 | 9.00 | | | | | | |
| PFIZER INC | | | | | | | |
| 12/07/00 | 9.00 | | | | | | |
| PHILIP MORRIS CO INC | | | | | | | |
| 10/10/00 | 29.15 | | | | | | |
| WAL MART STORES INC | | | | | | | |
| 10/10/00 | 29.10 | | | | | | |
| *Total* | 297.70 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ACTIVE ASSETS MONEY TRUST | | | | | | | |
| 2000 | 3.08 | | | | | | |
| *Total* | 3.08 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS

MORGAN STANLEY DEAN WITTER

# 1099-B

STATEMENT FOR TAX YEAR 2000



OMB. NO.
1545-0715

Account Number FA
519 012748 028

For Account Of:

JACKSON INVESMENT CLUB
ATTENTION: C/O HARRY LEWIS

## PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

***This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.***

| Payer | Trade Date | Quantity | Gross Proceeds | Accrued Interest | Federal Income Tax Withheld | Sales Charge* |
|---|---|---|---|---|---|---|
| DEAN WITTER REYNOLDS INC. | | | | | | |
| TAX ID NUMBER 94-1671384 | | | | | | |
| AVAYA INC | 09/29/00 | 0.000 | 9.15 | 0.00 | 0.00 | |
| AVAYA INC | 11/21/00 | 16.000 | 173.14 | 0.00 | 0.00 | |
| ERICSSON LM TEL ADR B SEK 10 | 11/21/00 | 40.000 | 425.13 | 0.00 | 0.00 | |
| INTERNET CAPITAL GROUP INC | 11/21/00 | 75.000 | 541.85 | 0.00 | 0.00 | |
| PHILIP MORRIS CO INC | 11/21/00 | 55.000 | 1,944.61 | 0.00 | 0.00 | |
| *Total* | | | 3,093.88 | 0.00 | 0.00 | |

* *Any contingent deferred sales charges paid on the redemption of open-end mutual funds have not been deducted from Gross Proceeds reported. These sales charges may be added to the original cost when preparing your tax return(s). Your personal tax advisor can provide more information.*

IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS

## SCHEDULE IV — TRANSACTIONS

Name Michael A. (Mac) Collins

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Putnam Fund (Mutual Fund/Putnam Growth | B | S | | 1-03-00 | | X | | | | | | | | |
| | Synovus Common Stock | | S | | 10-03-00 | X | | | | | | | | | |
| | Bank of America | | S | | 07-18-00 | X | | | | | | | | | |
| | Home Depot Inc. | | S | | 01-18-00 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Name Michael A. (Mac) Collins



Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
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**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| *Examples:* Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| Ripon Educational Fund | (NOV 24-DEC 2) | ATL-ROME ITALY-ATL | Y | Y | Y | N |

This page may be copied if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director | Georgia Forestry Association |
| Advisor | Collins Trucking Co., Inc. |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LARRY E. COMBEST
(Full Name)
1026 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)
WASHINGTON D.C. 20515
Daytime Telephone 202-225-4005

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: TEXAS District: 19 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Larry Combest | MAY 14, 2001 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| CARDIOVASCULAR & THORACIC SURGERY ASSOCIATES | SPOUSE SALARY | N.A. |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name LARRY COMBEST | Page 3 of 6

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each* asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | BLOCK A Asset and/or Income Source | BLOCK B Value of Asset | BLOCK C Type of Income | | | | | | | BLOCK D Amount of Income | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP | SP Mega Corp. Stock | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | P |
| DC | Examples Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| JT | 1st Bank of Paducah KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | FEDERATED AMERICAN LEADERS - MUTUAL FUND | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | |
| JT | TEMPLETON MONEY FUND | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | FRANKLIN TEMPLETON | | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | |
| JT | TEMPLETON DEVELOPING MARKETS - CLASS II | | | | X | | | | | | | | | X | | | X | | | | | | X | | | | | | | | |
| JT | TEMPLETON FOREIGN FUND - CLASS II | | | | X | | | | | | | | | X | | | X | | | | | | X | | | | | | | | |
| SP | FEDERATED AMERICAN LEADERS - MUTUAL FUND | | | | X | | | | | | | | | X | | | X | | | | | | X | | | | | | | | |
| SP | AIM - VALUE FUND IRA - 401 | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LARRY COMBEST

Page 4 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | OWL AMERICAN PROPERTY FUND | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| JT | WRIGHT PATMAN FEDERAL CREDIT UNION-SAVINGS | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | PLAINS NATIONAL BANK SD. | | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name LARRY COMBEST



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | TEMPLETON DEVELOPING MARKETS - CLASS II | | X | | 12-27-00 | X | | | | | | | | | |
| JT | PLAINS NATIONAL BANK - C.D. | X | | | 7-7-00 | | X | | | | | | | | |
| JT | TEMPLETON MONEY FUND - FRANKLIN TEMPLETON | | X | | 7-7-00 | X | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | AMERICAN SUGAR ALLIANCE | Aug 6-8 | WASH. D.C - STEAMBOAT SPRINGS - WASH. DC. | Y | Y | Y | N |
| | DEMOCRACY OF CITIZENSHIP PROGRAM OF THE ASPEN INSTITUTE | JAN 28-29 | WASH. D.C - BLACKSTONE, MD - WASH. DC | Y | Y | Y | N |
| | COTTON WAREHOUSE ASSOCIATION OF AMERICA | JUNE 23-25 | WASH. DC - CHARLESTON, SC. - WASH. D.C. | Y | Y | N | N |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

Gary A. Condit
(Full Name)

920 16th Street, Suite C
(Mailing Address)

209-527-1914
Daytime Telephone

Modesto, CA 95354

(Office Use Only)

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|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: CA District: 18th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [ ] | No [X] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Gary Condit | 5/5/01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honorana; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
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For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of Amencan Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name GARY A. CONDIT



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset | Block C: Type of Income | Block D: Amount of Income | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|
| | | A None · B $1 – $1,000 · C $1,001 – $15,000 · D $15,001 – $50,000 · E $50,001 – $100,000 · F $100,001 – $250,000 · G $250,001 – $500,000 · H $500,001 – $1,000,000 · I $1,000,001 – $5,000,000 · J $5,000,001 – $25,000,000 · K $25,000,001 – $50,000,000 · L Over $50,000,000 | DIVIDENDS · RENT · INTEREST · CAPITAL GAINS · EXCEPTED TRUST · QUALIFIED BLIND TRUST · Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None · II $1 – $200 · III $201 – $1,000 · IV $1,001 – $2,500 · V $2,501 – $5,000 · VI $5,001 – $15,000 · VII $15,001 – $50,000 · VIII $50,001 – $100,000 · IX $100,001 – $1,000,000 · X $1,000,001 – $5,000,000 · XI Over $5,000,000 | |
| SP | Mega Corp. Stock | X | X | X | P |
| DC, *Examples:* | Simon & Schuster | Indefinite | Royalties | | |
| JT | 1st Bank of Paducah, KY accounts | X | X | X | |
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**For additional assets and unearned income, use next page.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GARY A. CONDIT



| SP, DC, JT | BLOCK A. Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name GARY A. CONDIT

Page 6 of 9

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |

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| Name | GARY A. CONDIT | Page 7 of 9 |
|---|---|---|

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Wells Fargo Bank | Credit Line | | | X | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
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**Use additional sheets if more space is required.**

## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | | | | | | | |

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| Name | GARY A. CONDIT | Page 9 of 9 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
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## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

HAND DELIVERED

Rep. John Conyers, JR
(First Name)

2426 Rayburn House Office Building
WASHINGTON, D.C. 20515
(Mailing Address)

Daytime Telephone: 202-225-5126

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 6:41
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

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|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: MICHIGAN District: 14th | [ ] Officer or Employee | Employing Office |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | John Conyers Jr | 5/15/01 |

088

Name John Conyers, Jr. | Page 1 of 1

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Detroit Public Schools | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

Name John Conyers, Jr. | Page 3 of 8

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | NA | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Conyers, Jr. Page 4 of 9

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Examples: | SP | Mega Corp. Stock | Indefinite | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | P |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Simon & Schuster | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Congressional Credit Union | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | NA | | | | | |
| | Congressional Credit Union | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Block A | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mega Corp. Stock | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | X | | | | |
| 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | |
| Congressional Credit Union | | | X | | | | | | | | | | | | X | | | | | | | | | NA | | | | | | | |
| Congressional Credit Union | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Conyers, Jr. Page 5 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name John Conyers, Jr. | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | NA | | | | | | | | | | | | | | |

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Name John Conyers, Jr. | Page 2 of 2

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Example | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | American Security Bank (DC) | Personal | X | | | | | | | | | |
| | Congressional Credit Union | Personal | X | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| Example: Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination of personal friendship received from Committee on Standards) | $270 |
| NA | | |
| | | |
| | | |
| | | |
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**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Owens Corning | Feb. 25 | Detroit, MI – Toledo, OH<br>Toledo, OH – Detroit, MI | N | Y | N | N |
| | James Moody, Jazz Artist 75th Birthday Bash | April 3-4 | Detroit, MI – New York, NY<br>New York, NY – Wash., DC | Y | Y | N | N |
| | Center for Constitutional Rights | May 12 | Wash., DC – New York, NY<br>New York, NY – Wash., DC | N | Y | N | N |
| | Institute for Policy Studies | July 28-29 | Detroit, MI – Columbus, OH<br>Columbus, OH – Detroit, MI | Y | Y | N | N |
| | American Muslims for Global Peace and Justice | Oct. 14-15 | Detroit, MI – San Francisco, CA<br>San Francisco, CA – Detroit, MI | Y | Y | N | N |
| | Nevada Branch of the National Association for Advancement of Colored People [NAACP] | Nov. 3-4 | Detroit, MI – Las Vegas, NV<br>Las Vegas, NV – Detroit, MI | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| NA | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NA | |

GPO 2001 70–729 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

01 JUN 12 PM 2:39

(Office Use Only)

John Charles Cooksey
(Full Name)

1310 North 19th Street
(Mailing Address)

Monroe, LA 71201

Daytime Telephone: (318) 388-3108

Ron W. Stewart

**Filer Status:** [X] Member of the U.S. House of Representatives — State: Louisiana District: 5th — [ ] Officer or Employee — Employing Office:

**Report Type:** [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exempt on? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | John Cooksey | 6/11/01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples.* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | John Cooksey, M.D. & Priscilla Perry, M.D. A Medical Corporation, Monroe, LA | Auto Fringe (Form W-2) | 839 |
| | P & S Surgery Center, LLC | Consulting Fee | 200 |
| | Hibernia Corporation, New Orleans, LA | Deferred Director's Fee | 834* |
| | *This amount represents 2% interest credited to a deferred compensation account. See Schedule IX - Agreements. | | |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C.<br>XYZ Magazine | Speech<br>Article | Feb. 2, 2000<br>Aug. 13, 2000 | $2,000<br>$500 |
| Not Applicable | N/A | N/A | N/A |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: John Charles Cooksey



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E P S E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | SP Mega Corp Stock | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| DC | *Examples:* Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | X | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Hibernia Bank, Monroe, LA Accounts | X | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| JT | Caldwell Holding Company Stock | | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Hibernia Corporation Class A Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | J. Cooksey, MD & Priscilla Perry, MD, A Medical Corp. | | | | | | | X | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Caldwell Broadcasting, Ltd Partners | | | | X | | | | | | | | | | | | | | Partnership | | | | X | | | | | | | | |
| SP | Big Spenders Investment Club | | | X | | | | | | | | | | | | | | | Partnership | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Charles Cooksey



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | P & S Surgery Center, LLC | | | | | X | | | | | | | | | | | | | | Partnership | | | | | | | X | | | | | |
| | 1310 N. 19th St. Monroe, LA Medical Office & Equipment | | | | | | | | X | | | | | | X | | | | | | | | | | | | | | X(net) X(Gross) | | | |
| | Royalty interest in four oil & gas wells, Franklin Parish, LA | | | X | | | | | | | | | | | | | | | | Royalty Interest | | | | | | X | X (Gross) (Net) | | | | | |
| | 340 Acre Farm, Caldwell Parish Including Timber, Improvements, Equipment & Livestock | | | | | | | X | | | | | | | | | | | | Farm | X (Net) | | | | X (Gross) | | | | | | | |
| | Bank One Custodian (IRA) | | | | X | | | | | | | | | X | | X | | X | | | | | | | | N/A - IRA | | | | | | |
| SP | Bank One Custodian (IRA) | | | | X | | | | | | | | | X | | X | | X | | | | | | | | N/A - IRA | | | | | | |
| | Bank One Trust Dept. Trustee for John Cooksey & Priscilla Perry, MD (A Medical Corporation) 401(K) Profit Sharing Plan & Trust | | | | | | | | | X | | | | X | | | X | X | | | | | | | N/A - Retirement | | | | | | Accountant |
| | LPS Partnership | | | X | | | | | | | | | | | | | | | | Partnership | X | | | | | | | | | | | |
| SP | Bank One, Monroe, LA Accts | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name John Charles Cooksey

Page 6 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | L.P.S. Partnership | X | | | 1-31-00 | X | | | | | | | | | |
| | Timber (Greentree Hunting Club, LLC) | | X | | 8-08-00 | X | | | | | | | | | |

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Name John Charles Cooksey | Page 7 of 10

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Hibernia National Bank, New Orleans, LA | Line of Credit | | | | X (Paid off April 2000) | | | | | | |
| | Hibernia National Bank, New Orleans, LA | Line of Credit | | | X (Paid off April 2000) | | | | | | | |
| | Hibernia National Bank, New Orleans, LA | Mortgage on 1310 N. 19th St. | | | | | | X | | | | |
| | Bank One, Louisiana, NA | Line of Credit | | | X | | | | | | | |
| | Caldwell Bank & Trust | Unsecured | | X | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| Not Applicable | N/A | N/A |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Not Applicable | N/A | N/A | | | N/A | N/A |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director/Shareholder | J. Cooksey, MD & Priscilla Perry, MD, A Medical Corporation |
| City Advisory Director | Hibernia Corporation ( No Compensation after 1996) |
| Limited Partner | Caldwell Broadcasting Ltd. Partnership |
| Limited Liability Company Member | P & S Surgery Center, LLC |
| Courtesy Staff | Glenwood Regional Medical Center |
| Clinical Professor of Opthalmology | LSU School of Medicine, Shreveport and New Orleans |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1989 to 1996 | John C. Cooksey & Hibernia Corporation | "Deferred Compensation plan for outside directors of Hibernia Corporation and its Subsidiaries" providing for deferral by non-employee director of annual fees for attendance at meetings of City or Advisory Boards and compensation payable to member of City of Advisory Boards who are not full-time Employees. |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70-729 (mac)

Use additional sheets if more space is required.

| Name | Page 10 of 10 |
|---|---|
| John Charles Cooksey | |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Courtesy Staff | St. Francis Medical Center |
| Teaching & Active Staff | E. A. Conway Memorial Hospital |
| Courtesy Staff & Visiting Lecturer | John Hopkins |
| General Partner | L.P.S. Partnership |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | (See Previous Page) | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70-729 (misc)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

(5)

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 AM 9:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Jerry F. Costello

2608 Pro Tour Dr.
Belleville, IL 62220
(Mailing Address)

(Full Name) Wm. B. Schaltenbrand - Accountant
(618) 398-4173
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State IL District 12 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | |
|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | X Jerry F. Costello | X 5/14/01 |

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of Illinois | Spouse Salary | NA |
| | Belleville PS District 118 | Spouse Salary | NA |
| | St. Clair County | Spouse Salary | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | Value of Asset (A) None | (B) $1 – $1,000 | (C) $1,001 – $15,000 | (D) $15,001 – $50,000 | (E) $50,001 – $100,000 | (F) $100,001 – $250,000 | (G) $250,001 – $500,000 | (H) $500,001 – $1,000,000 | (I) $1,000,001 – $5,000,000 | (J) $5,000,001 – $25,000,000 | (K) $25,000,001 – $50,000,000 | (L) Over $50,000,000 | Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Amount of Income (i) None | (ii) $1 – $200 | (iii) $201 – $1,000 | (iv) $1,001 – $2,500 | (v) $2,501 – $5,000 | (vi) $5,001 – $15,000 | (vii) $15,001 – $50,000 | (viii) $50,001 – $100,000 | (ix) $100,001 – $1,000,000 | (x) $1,000,001 – $5,000,000 | (xi) Over $5,000,000 | Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC Examples | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | S |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | X | | | E |
| | West Pointe Bancorp, Inc Stock - IRA | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | West Pointe Bancorp, Inc Stock - IRA | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Putnam International - NEW Opportunities Fund - CL A - IRA | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Putnam International - NEW Opportunities Fund CL A - IRA | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Inter Tel, Inc - Stock - IRA | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | S |
| SP | Inter Tel, Inc - Stock - IRA | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | S |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet.(if needed)

Name Jerry F. Costello

Page 4 of 5

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Idial Networks, Inc - Stock - IRA | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Idial Networks, Inc - Stock - IRA | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P (1) |
| | State of Illinois | | | | X | | | | | | | | | | | Illinois Retirement | | | | | X | | | | | | | | | | | P (1) |
| SP | State of Illinois | | | | X | | | | | | | | | | | Illinois Teacher's Retirement | | | | | X | | | | | | | | | | | |
| | Congressional Federal Credit Union | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| JT | Inter Tel, Inc - Stock | X | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | S |
| JT | Pefecticiency Holdings Corp - Stock | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P (2) |
| | AT & T Wireless Group - Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | Idial Networks, Inc - Stock | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P,S (3) |

(1) Purchased 2/24/00 For More Than $1,000

(2) Purchased 7/5/00 For More Than $1,000

(3) Sold 12/29/00 For Less Than $1,000

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## SCHEDULE IV — TRANSACTIONS

Name Jerry F. Costello



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | Inter Tel, Inc. - Stock | | X | | 2-3-00 | X | | | | | | | | | |
| JT | Idial Networks, Inc. - Stock | X | | | 2-7-00 | X | | | | | | | | | |
| JT | Idial Networks, Inc. - Stock | X | | | 2-7-00 | X | | | | | | | | | |
| JT | Idial Networks, Inc. - Stock | X | | | 2-15-00 | X | | | | | | | | | |
| JT | Idial Networks, Inc. - Stock | X | | | 2-15-00 | X | | | | | | | | | |
| JT | Teleficiency Holdings Corp. - Stock | X | | | 7-5-00 | X | | | | | | | | | |
| | Inter Tel, Inc. - Stock - IRA | | X | | 2-3-00 | X | | | | | | | | | |
| SP | Inter Tel, Inc. - Stock - IRA | | X | | 2-3-00 | X | | | | | | | | | |
| | AT & T Wireless Group - Stock | X | | | 4-26-00 | X | | | | | | | | | |
| | Idial Networks, Inc. - Stock - IRA | X | | | 2-24-00 | X | | | | | | | | | |
| SP | Idial Networks, Inc. - Stock - IRA | X | | | 2-24-00 | X | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

(9)

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 12: 22

MC

(Office Use Only)

Christopher Cox
(Full Name)

2402 Rayburn House Office Building
(Mailing Address)

Washington D.C.

Daytime Telephone 202-225-5611

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: CA District: 47 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $280 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Chris Cox | May 8, 2001 |

Name Christopher Cox | Page 2 of 9

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Continental Airlines | Spouse compensation | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| None | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Christopher Cox

Page 4 of 9

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period; and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| Block A: Asset and/or Income Source | | Block B: Value of Asset | | | | | | | | | | | Block C: Type of Income | | | | | | Block D: Amount of Income | | | | | | | | | | | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other: Type of Income (Specify. For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP. DC. JT | Examples: SF Mega Corp. Stock | | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | SF Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| SP | IRA: Fidelity Magellan | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | IRA: Smith Barney Money Mkt | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| JT | Smith Barney CA Muni Fund | | | | | | | | | X | | | X | | | | | | | | | | | | | X | | | | | |
| SP | Continental Air Retirement | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Calvert Tax-Free Res N Mkt | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | MFS Interm. Inc. Fund | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christopher Cox

Page 5 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Eagle Coins | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | AZ Trans Bd Rev Bonds '02 | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Bradenton FL Util Bonds '08 | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Coca Cola Co. Common | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Christopher Cox



| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | None | | | | | | | | | | | | | | |

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Name [illegible] Page 2 of 2

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $15,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| None | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Freedom House | Mar. 24-27, 2000 | D.C.-Moscow-D.C. | Y | Y | N | N |
| | COMDEX Spring Conference | April 19, 20, 2000 | Los Angeles-Chicago-Los Angeles | Y | Y | N | N |
| | University of California, Irvine CEO Roundtable | May 5,6 2000 | D.C.-Scottsdale,AZ-D.C. | Y | Y | N | N |

| Name | Christopher Cox | Page 9 of 9 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Trustee | Chapman University |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | NONE | |
| | | |
| | | |
| | | |
| | | |

GPO 2001 70-729 (mac)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2001 MAY 10 PM 12: 12

William J. Coyne
(Full Name)

2455 Rayburn HOB
Washington, D.C. 20515
(Mailing Address)

Daytime Telephone
202-225-2301

MC (8)
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives | State: PA District: 14th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [XX] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [XX] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | William J. Coyne | 5/9/01 |

Name William J. Coyne | Page 2 of 8

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | NONE | | |

**For payments to charity in lieu of honoraria, use Schedule II.**

Name William J. Coyne | Page 3 of 8

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: William J. Coyne



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | Block A: Asset and/or Income Source | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example: Partnership Income or Farm Income) | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: | SP Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | | Simon S. Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | Pittsburgh National | | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | Wright Patman FCU | | | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | |
| | | Dollar Savings Bank | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | U.S. Treasury Note | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name William J. Coyne



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | None | | | | | | | | | | | | | | |

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## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
| *Example* | *First Bank of Wilmington, Delaware* | *Mortgage on 123 Main St., Dover, Del* | | | | X | | | | | | |
| | None | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | National Structured Settlements Trade Association | April 10 | Pgh., PA-Williamsburg VA-Washington, D.C. | N | N | N | N |

This page may be copied if more space is required.

| Name | William J. Coyne | Page 8 of 8 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | YMCA of Pittsburgh |
| Board Member | Flax Trust |
| Board Member | Duquesne University Beard Center for Leadership in Ethics Advisory Board |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70-729 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

01 MAY 15 PM 5:17

(5)

MC

HAND DELIVERED
(Office Use Only)

ROBERT EDWARD CRAMER, JR.
(Full Name)

417 EUSTIS AVENUE
(Mailing Address)

HUNTSVILLE, ALABAMA 35801

(202) 225-4801
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives | State: ALABAMA District: 05 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ | No ☒ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☒ | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☒ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☒ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☒ | No ☐ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Robert E Cramer | MAY 08, 2001 |

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | EASY STREET INVESTMENT CO. HUNTSVILLE, AL (ONE SHARE) | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | AL STATE EMPLOYEES DEFERRED INCOME ACCOUT (NATIONWIDE FIXED ANNUITY MASSACHUSETTS FIXED ANNUITY) | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | 1212 LOCUST AVENUE HUNTSVILLE AL | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | SOUTHTRUST MORTGAGE (HUNTSVILLE, AL) | MORTGAGE ON 1212 LOCUST AVE. | | | X | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
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**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | NATIONAL CHILDREN'S ALLIANCE | JAN. 28-31, 2000 | WASH. DC - SAN DIEGO, CA - WASH. DC | Y | Y | N | N |

This page may be copied if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| HONORARY BOARD MEETING (UNPAID) | NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN, ALEXANDRIA, VA |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |



**Use additional sheets if more space is required.**

BUD CRAMER
5TH DISTRICT
ALABAMA

COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEES
COMMERCE, JUSTICE, STATE AND JUDICIARY
VA, HUD AND INDEPENDENT AGENCIES

HAND DELIVERED

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

OFFICES
2367 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-4801

626 CLINTON AVENUE WEST
HUNTSVILLE, AL 35801
(256) 551-0190

MORGAN COUNTY COURTHOUSE
BOX 668
DECATUR, AL 35602
(256) 355-9400

1301 - C JOHN R. STREET
MUSCLE SHOALS, AL 35661
(256) 381-3450

E-mail: Budmail@mail.house.gov
Web page: http://www.house.gov/cramer

June 13, 2001

01 JUN 14 PM 1:34

RECEIVED
CLERK'S OFFICE - DENTER

MC

The Honorable Jeff Trandahl
Office of the Clerk
U. S. House of Representatives
H-154, Capitol
Washington, DC 20515

Dear Mr. Trandahl,

Please include the attached page with Schedule Three of my 2000 Financial Disclosure Statement.

If you should have any questions regarding this request, please contact Val Watson in my office at (202)225-4801.

Sincerely,

Bud Cramer

Bud Cramer
Member of Congress

This mailing was prepared, published, and mailed at taxpayer expense.
Printed on recycled paper with soy ink

EASY STREET INVESTORS — P.O. Box 2347, Huntsville, AL 35804

| % TOTAL INV COST | # SHARES | TRADING STRAT * | SIGN | COMPANY | EXCHG | AVG. COST/SHR | TOTAL NET COST | MARKET 8/5/2001 | VALUE SHARE | GAIN (LOSS) |
|---|---|---|---|---|---|---|---|---|---|---|
| 48.92% | | | | MONEY MANAGER ACCOUNTS | | | | | | |
| | | | | Davis Selected - Large Cap | | | 100,000.00 | 104,586.76 | | 4,586.76 |
| | | | | National Asset Managers | | | 100,000.00 | 101,330.34 | | 1,330.34 |
| | | | | SBAM Mid/Small Cap Growth | | | 50,000.00 | 51,477.00 | | 1,477.00 |
| | | | | TCW Large Cap Growth | | | 100,000.00 | 102,827.83 | | 2,827.83 |
| | | | | | | | 350,000.00 | 360,201.73 | | 10,201.73 |
| 0.00% | | | | CONTRACT SERVICES - Gov. | | | | | | |
| | | | | | | | - | - | | - |
| 1.54% | | | | CONSUMER STAPLES | | | | | | |
| | 300 | L | PEP | Pepsico, Inc. | NYSE | 38.185 | 11,455.50 | 13,476.00 | 44.920 | 2,020.40 |
| | | | | | | | 11,455.50 | 13,476.00 | | 2,020.40 |
| 1.35% | | | | HEALTH CARE DIVERSE (Consumer Growth) | | | | | | |
| | 500 | L | UNH | United Healthcare Corp. | NYSE | 20.192 | 10,096.16 | 28,380.00 | 56.760 | 18,283.84 |
| | | | | | | | 10,096.16 | 28,380.00 | | 18,283.84 |
| 13.88% | | | | TELECOMMUNICATIONS | | | | | | |
| | 100 | L | T | AT&T Corp. | NYSE | 45.702 | 4,570.23 | 2,149.00 | 21.490 | (2,421.23) |
| | 1,000 | L | ADTN | Adtran, Inc. | NASDAQ | 31.821 | 31,820.50 | 26,150.00 | 26.150 | (5,670.50) |
| | 25 | S | AV | Avaya, Inc. | NYSE | 37.537 | 938.42 | 413.75 | 16.550 | (524.67) |
| | 400 | S | CSCO | Cisco Systems, Inc. | NASDAQ | 27.234 | 10,893.40 | 7,892.00 | 19.730 | (3,001.40) |
| | 300 | S | LU | Lucent Technologies, Inc. | NYSE | 53.995 | 16,198.46 | 2,400.00 | 8.000 | (13,798.46) |
| | 698 | L | Q | Qwest Communications Intl | NYSE | 13.830 | 9,514.01 | 25,232.70 | 36.150 | 15,718.69 |
| | 229 | L | WCOM | Worldcom, Inc. | NYSE | 46.453 | 10,640.06 | 4,119.71 | 17.990 | (6,520.35) |
| | 714 | L | NXTL | NexTel (formerly DialPage) | NASDAQ | 18.255 | 13,034.11 | 11,416.86 | 15.990 | (1,617.25) |
| | | | | | | | 87,609.18 | 79,774.02 | | (17,835.17) |
| 3.62% | | | | DRUGS (Consumer Growth) | | | | | | |
| | 250 | L | ICOS | ICOS Corp | NASDAQ | 42.241 | 10,560.13 | 16,832.50 | 66.530 | 6,272.37 |
| | 424 | L | JNJ | Johnson & Johnson | NYSE | 13.826 | 5,862.59 | 42,459.36 | 100.140 | 36,596.37 |
| | 300 | L | PFE | Pfizer, Inc. | NYSE | 35.311 | 10,593.40 | 13,041.00 | 43.470 | 2,447.60 |
| | | | | | | | 27,016.82 | 72,132.86 | | 45,116.04 |
| 0.00% | | | | CONSUMER CYCLICAL | | | - | - | | - |
| 0.00% | | | | Gaming/Entertainment | | | | | | |
| | | | | | | | - | - | | - |
| 15.19% | | | | SEMI CONDUCTORS / ELECTRONICS/SOFTWARE | | | | | | |
| | 1,000 | S | CYBS | CyberSource Corporation | NASDAQ | 10.986 | 10,985.54 | 1,590.00 | 1.590 | (9,395.54) |
| | 2,000 | L | MXIM | Maxim Integrated Products | NASDAQ | 8.300 | 16,599.33 | 104,180.00 | 52.090 | 87,580.67 |
| | 800 | L | SCI | SCI Systems, Inc. | NASDAQ | 23.927 | 19,141.86 | 19,040.00 | 23.800 | (101.86) |
| | 1,500 | S | SUPX | Supertex | NASDAQ | 24.074 | 36,110.66 | 18,525.00 | 12.350 | (17,585.66) |
| | 1,000 | S | USIX | USinternetworking, Inc. | NASDAQ | 30.505 | 30,505.06 | 1,330.00 | 1.330 | (29,175.06) |
| | | | | | | | 113,342.87 | 144,665.00 | | 31,322.13 |
| 0.00% | | | | TRANSPORTATION | | | | - | | - |
| 6.94% | | | | BASIC INDUSTRIAL | | | | | | |
| | 250 | L | IP | International Paper Co. | NYSE | 44.073 | 11,018.33 | 9,837.50 | 39.350 | (1,180.83) |
| | 2,925 | L | MLR | Miller Industries Inc | NYSE | 3.404 | 9,957.12 | 2,778.75 | 0.950 | (7,178.37) |
| | 264 | L | XOM | Exxon Mobile Corp | NYSE | 65.405 | 17,266.87 | 23,979.12 | 90.830 | 6,712.25 |
| | 2,000 | S | VSTY.OB | VarsityBooks.com, Inc. | NASDAQ | 6.761 | 13,522.90 | 900.00 | 0.450 | (12,622.90) |
| | | | | | | | 51,765.22 | 37,495.37 | | (14,269.85) |
| 11.35% | | | | FINANCIAL SERVICES | | | | | | |
| | 750 | S | ALL | AllState Corp | NYSE | 27.655 | 20,741.46 | 32,250.00 | 43.0000 | 11,508.54 |
| | 1,000 | S | EXBD | Corporate Executive Board Co. | NASDAQ | 24.855 | 24,855.29 | 33,800.00 | 33.8000 | 8,944.71 |
| | 1,000 | S | FTN | First Tennessee National Corp | NYSE | 21.693 | 21,692.50 | 35,780.00 | 35.780 | 14,087.50 |
| | 1,050 | L | SNV | Synovus Financial Corp. | NYSE | 16.575 | 17,403.51 | 32,304.00 | 30.480 | 14,900.49 |
| | | | | | | | 84,692.76 | 133,814.00 | | 49,121.24 |
| 100.00% | | | | | | | 745,977.72 | 869,938.98 | | 123,961.26 |

| | | | |
|---|---|---|---|
| Robinson Humphrey | 6/5/2001 | 36,810.60 | |
| TOTAL CASH | | 36,212.31 | |
| DUES RECEIVABLE | | | |
| NET | 8/5/2001 | 4,800.00 | |

| NET ASSET VALUE: | |
|---|---|
| Market Value Securities | 869,938.98 |
| Cash | 36,212.31 |
| Dues Receivable - Net | 4,800.00 |
| Total Assets | 910,951.29 |
| @ 47 shares | |
| Net Asset Value Per Share | $ 19,381.94 |

| | |
|---|---|
| % Invested | 95.50% |
| % Cash & Receivables | 4.50% |
| Total # stocks | 47 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

RECEIVED
CLERK'S OFFICE
01 JUN 14 PM 1:34
FEDERAL ELECTION COMMISSION

**HAND DELIVERED**

ROBERT EDWARD CRAMER, JR.
(Full Name)

417 EUSTIS AVENUE
(Mailing Address)

HUNTSVILLE, ALABAMA 35801

(202) 225-4801
Daytime Telephone:

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives | State: ALABAMA District: 05 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ | No ☒ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☒ | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☒ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☒ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☒ | No ☐ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | MAY 08, 2001 |

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ROBERT E. CRAMER, JR Page 2 of 5

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | | Block B: Value of Asset (A None; C $1,001 – $15,000; E $15,001 – $50,000; G $50,001 – $100,000; I $100,001 – $250,000; K $250,001 – $500,000; L $500,001 – $1,000,000; M $1,000,001 – $5,000,000; O $5,000,001 – $25,000,000; P $25,000,001 – $50,000,000; Q Over $50,000,000) | Block C: Type of Income (DIVIDENDS; INTEREST; EXCEPTED TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)) | Block D: Amount of Income (I None; III $201 – $1,000; V $2,501 – $5,000; VII $15,001 – $50,000; IX $100,001 – $1,000,000; XI Over $5,000,000) | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|---|
| SP | | SP | Mega Corp. Stock | | | P |
| DC, JT | *Examples:* | DC | Simon & Schuster | Indefinite | Royalties | X |
| JT | | | 1st Bank of Paducah, KY accounts | X | | |
| | EASY STREET INVESTMENT CO. HUNTSVILLE, AL (ONE SHARE) | | X | X | | |
| | AL STATE EMPLOYEES DEFERRED INCOME ACCOUT | | X | X | | |
| | (NATIONWIDE FIXED ANNUITY MASSACHUSETTS FIXED ANNUITY) | | X | X | | |
| | 1212 LOCUST AVENUE HUNTSVILLE AL | | X | X | | |

For additional assets and unearned income, use next page.

COPY

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: C $15,001–$50,000 | E $100,001–$250,000 | G $500,001–$1,000,000 | I $5,000,001–$25,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | X | | | |
| | SOUTHTRUST MORTGAGE (HUNTSVILLE, AL) | MORTGAGE ON 1212 LOUISTA | | | | | |
| | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | NATIONAL CHILDREN'S ALLIANCE | JAN. 28-31, 2000 | WASH. DC - SAN DIEGO, CA - WASH. DC | Y | Y | N | N |
| | | | | | | | |
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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| HONORARY BOARD MEETING (UNPAID) | NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN, ALEXANDRIA, VA |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
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| | | |
| | | |

GPO: 2001 70-729 (mac)

Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER (9)
2001 MAY 15 PM 5:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC

Philip Miller Crane
(Full Name)

233 Cannon House Office Buildinn — 202-225-3711
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515-1308

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Illinois District: 8 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [ ] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Philip M. Crane | 5/15/01 |

Name Philip Miller Crane | Page 2 of 9

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| Edward Jones - Government Rel., St. Louis, MO | Speech | May 2, 2000 | $2,000 |
| Washington Times Foundation, American Constitution Cmte. Washington, D.C. | Speech | June 9-11, 2000 | $1,000 |

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Name Philip Miller Crane



## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is owned for a spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | | SP | Mega Corp. Stock | | | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | | P |
| DC | *Examples:* | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | TIAA/CREF Retirement Acct | | | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | | |
| | Van Kampen Govt Fund IRA (was American Capital) | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| | Allfirst Fmly CDs (IRA) | | | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | P |
| | Household Bank CDs (IRA) | | | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | P |
| | IBJ Whitehall B&T CD (IRA) | | | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | P |
| | Davis Venture Mutual Fund (IRA) | | | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Philip Miller Crane

Page 4 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Enterprise Growth Fund-IRA | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| | Alliance Internatl Fund-IRA | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | Alliance Premier Fund-IRA | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | St.Clair Cnty, IL, bond | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | P |
| | Chicago, IL, bonds | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | P |
| | Hoffman Estates, IL, bond | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | P |
| | Evanston, IL, bond | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | IL Health Facilities bonds | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | P |
| | Merrill Lynch money mkt acct | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| | Congressional Credit Union | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | First Union Bank Account | | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Coin Collection | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Putnam Income Fund | X | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | S |
| | Putnam Insured Fund | X | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | S |
| | Nuveen Quality Fund | | | | X | | | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | Nuveen Municipal Fund | | | | | X | | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | MFS Municipal Trust | | | | X | | | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | Fountain County, IN, Farm | | | | X | | | | | | | | | | | | | | Farm Income | | | | | | | | X | | | | | |
| | Bay Oaks Development Corp | | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | |
| | -interest in 400 acres of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | development property in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | McHenry, IL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Philip Miller Crane

Page 5 of 9

| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bay View Development Corp | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | -interest in 130 acres of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | development property in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | McHenry, IL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hartford Annuity | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Rental Property: | | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | -1205 Howard Avenue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Nashville, TN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Philip Miller Crane



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Vanguard Wellesley SEP-IRA | | X | | 02-04-00 | | | | | X | | | | | |
| | Allfirst Fmly CDs (IRA) | X | | | 02-07-00 | | | X | | | | | | | |
| | Household Bank CDs (IRA) | X | | | 02-07-00 | | | X | | | | | | | |
| | IBJ Whitehall B&T CD (IRA) | X | | | 02-07-00 | | X | | | | | | | | |
| | Davis Venture Mutual Fund (IRA) | X | | | 02-08-00 | | X | | | | | | | | |
| | Enterprise Growth Fund (IRA) | X | | | 02-08-00 | | X | | | | | | | | |
| | Alliance Internat'l Premier Fund (IRA) | X | | | 02-08-00 | | X | | | | | | | | |
| | Alliance Premier Growth Fund (IRA) | X | | | 02-08-00 | | X | | | | | | | | |
| | Putnam Tax Exempt Income Fund | | X | | 02-28-00 | | | | X | | | | | | |
| | Putnam Tax Free Insured Fund | | X | | 02-28-00 | | | | X | | | | | | |
| | St. Clair County, IL, bond | X | | | 02-28-00 | | X | | | | | | | | |
| | Chicago, IL, bonds | X | | | 02-28-00 | | | X | | | | | | | |
| | Hoffman Estates, IL, bond | X | | | 02-28-00 | | X | | | | | | | | |
| | Evanston, IL, bond | X | | | 02-28-00 | | X | | | | | | | | |
| | IL Health Facilities bonds | X | | | 02-28-00 | | | X | | | | | | | |
| | Merrill Lynch Money Market Account | X | | | 02-28-00 | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Wells Fargo Home Mortgage, Inc. (name changed from Norwest Mortgage Co.) | Mortgage on 1205 Howard Ave, Nashville, TN | | | X | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Business Development, Inc. | Jan 19-22 | Wash, D.C.-Aventura, FL-Wash, D.C. | Y | Y | Y | |
| | Port of Tamna Proneller Club | Feb 20-23 | Wash, D.C.-Tamna, FL-Wash, D.C. | Y | N | Y | |
| | Ripon Educational Fund | Nov 24-Dec2 | Wash, D.C.-Rome-Wash, D.C. | Y | Y | Y | |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board of Advisors | John M. Ashbrook Center for Public Affairs, Ohio |
| Board of Trustees | Hillsdale College, Michigan |
| Trustee | Intercollegiate Studies Institute, Delaware |
| Nat'l Steering Committee | Friends of the Milton and Rose D. Friedman Foundation, Indiana |
| Board of Trustees | Association of American Chambers of Commerce in Latin America, Washington, D.C. |
| Board of Trustees | Caribbean Latin American Action, Washington, D.C. |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2000 - 62-753 (mac)

Use additional sheets if more space is required.

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(10)

INSIDE MAIL

MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

Alexander M. Crenshaw
(Full Name)

4314 Ortega Forest Drive
(Mailing Address)

Jacksonville, FL 32210

Daytime Telephone
202-225-2501

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State FL. District 4th | [ ] Officer or Employee — Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $200 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Alex Crenshaw | May 9, 2001 |

942

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | William R. Hough & Co., Jacksonville, FL | Salary | $341,511.00 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | Block E S, P, or E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | | SP | Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| DC | *Examples:* | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Bank of America Corp.-Stock | | | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | Berkshire Hathaway Stock | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Coca Cola Co. Stock | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Alexander M. Crenshaw Page 5 of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | Pepsico Inc.-Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Southern Co.-Stock | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Tricon Global | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Restaurant Inc. | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | American Century | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ultra- 401 (K) | | | | | X | | | | | | | | | | | | | | | NA | | | | | | | | | | | |
| | American Century | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Growth-401 (K) | | | | | X | | | | | | | | | | | | | | | NA | | | | | | | | | | | |
| | American Century | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Income&Growth401(k) | | | | X | | | | | | | | | | | | | | | | NA | | | | | | | | | | | |
| | Alamo Storage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Partners-(Self | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Storage-Dallas, TX | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Direct Mail Systems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Inc.Direct Mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | St. Pete, FL | | | | | | X | | | | | | | X | | | | | | | | | | | | | | X | | | | |
| | State of Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deferred Comp. | | | | | | X | | | | | | | | | | | | | | NA | | | | | | | | | | | |
| | Donaldson, Lufkin & | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jenrette-IRA | | | | | | | X | | | | | | | | | | | | | NA | | | | | | | | | | | |
| | Templeton World | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fund-IRA | | | | X | | | | | | | | | | | | | | | | NA | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Alexander M. Crenshaw



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | Trinity Fund Ltd. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Investments, Jax, | FL | | | | | | | | X | | | | | | | | | | | | | | | | | | | X | | |
| | Donaldson, Lufkin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | &Jenrette-401(k) | | | | | | X | | | | | | | | | | | | | | NA | | | | | | | | | | |
| | Mutual Shares-IRA | | | X | | | | | | | | | | | | | | | | | NA | | | | | | | | | | |
| | Evergreen Money | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Market | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Hough Tax-Emempt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fund | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Compass Bank | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ALEXANDER M. CRENSHAW | Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | BankAmerica Common Stock | | X | | | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | NONE | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example.* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | NONE | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| NONE | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |

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**Use additional sheets if more space is required.**

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# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



Joseph Crowley
(Full Name)

76-24 Kneeland Avenue Elmhurst, NY 11373
(Mailing Address)

202-225-3965
Daytime Telephone:

**Filer Status** ☑ Member of the U.S. House of Representatives State: NY District: 07 ☐ Officer Or Employee Employing Office:

**Report Type** ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | 5/10/2001 |

# SCHEDULE I - EARNED INCOME

**Name** Joseph Crowley



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Cross Country Staffing, Inc. | Spouse Salary | $200 |

## SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name Joseph Crowley



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| UDV/Guinness | Appearance | March 15, 2000 | $1,000 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph Crowley



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Reliastar Life Insurance Company-Qualified Annuity | $15,001 - $50,000 | Other: Retirement Account | NA | S |
| SP | 403B, Equitable-Pension/ Broken down into four accounts: Alliance Capital Stock, Alliance Growth and Income, Alliance International Fund, Alliance Fixed Interest | $15,001 - $50,000 | Other: Retirement Account | NONE | NA |
| | 4 Farley Drive Albany, NY | $15,001 - $50,000 | RENT | $1,001 - $2,500 | NA |
| JT | Wright-Patman Congressional Federal Credit Union | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| | EAB Savings Account | $1,001 - $15,000 | INTEREST | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph Crowley



| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Year-End Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |

# SCHEDULE IV - TRANSACTIONS

Name Joseph Crowley



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | Reliastar Life Insurance | S | 02/29/2000 | $1,001 - $15,000 |

# SCHEDULE V - LIABILITIES

**Name** Joseph Crowley



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| JT | EAB Bank | Home Equity Loan | $15,001 - $50,000 |
| | Chase Manhattan Bank | Mortgage on 4 Farley Drive, Rensalear | $15,001 - $50,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Joseph Crowley



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Population Action Internationa | April 7-17 | New York-Johannesburg-Malawi-Atlanta | Y | Y | N | 0 |
| Democratic Leadership Council | April 28-30 | Washington-New Orleans-Washington | Y | Y | Y | 0 |
| US-Taiwan Chamber of Commerce | November 18-22 | New York-Taiwan-New York | Y | Y | N | 0 |

JOSEPH CROWLEY
7TH DISTRICT, NEW YORK

COMMITTEE ON
INTERNATIONAL RELATIONS
SUBCOMMITTEE ON INTERNATIONAL
ECONOMIC POLICY AND TRADE

COMMITTEE ON RESOURCES
SUBCOMMITTEE ON NATIONAL PARKS
AND PUBLIC LANDS
SUBCOMMITTEE ON FORESTS
AND FOREST HEALTH

AT LARGE WHIP

CO-CHAIR, AD HOC COMMITTEE
FOR IRISH AFFAIRS

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515-3207

2001 JUN 4 AM 9:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

WASHINGTON OFFICE
1517 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-3965

QUEENS OFFICE
82-11 37TH AVENUE, SUITE 607
JACKSON HEIGHTS, NY 11372
(718) 779-1400

BRONX OFFICE
2114 WILLIAMSBRIDGE ROAD
BRONX, NY 10461
(718) 931-1400

E-MAIL
write2joecrowley@mail.house.gov

INTERNET WEB PAGE
http://www.house.gov/crowley

June 1, 2001

Jeff Trandahl
Clerk, United States House of Representatives
B106, Cannon House Office Building
Washington, DC 20515

MC

Dear Jeff:

Enclosed is an amended Schedule VII to my 2000 Financial Disclosure. The trip dates listed in the original one were incorrect. The correct dates for the Population Action International trip to Africa are April 14-April 23. Please replace schedule VII with this updated copy.

Sincerely,

Joseph Crowley

Joseph Crowley
Member of Congress

INSIDE MAIL
LEGISLATIVE RESOURCE CENTER
2001 JUN -4 AM 9:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

**Name** Joseph Crowley



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related ex,enses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Population Action Internationa | April 14-23 | New York-Johannesburg-Malawi-Atlanta | Y | Y | N | 0 |
| Democratic Leadership Council | April 28-30 | Washington-New Orleans-Washington | Y | Y | Y | 0 |
| US-Taiwan Chamber of Commerce | November 18-22 | New York-Taiwan-New York | Y | Y | N | 0 |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

01 MAY 15 PM 3:52

MC

HAND DELIVERED

(Office Use Only)

7

Barbara Cubin
(Full Name)

1600 N. Oak #1805
Arlington, VA 22209
(Mailing Address)

202-225-2311
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| Filer Status | ☒ Member of the U.S. House of Representatives | State: WY District: AL | ☐ Officer or Employee | Employing Office |
| Report Type | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☒ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☒ | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☒ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☒ | No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ | No ☒ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Barbara Cubin | 5-15-01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Fred W Cubin, M.D. | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Barbara Cubin

Page 5 of 7

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | Examples: | SP | Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | |
| IRA | | | Smith Barney Money Fund | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| " | | | Glaxo | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| " | | | Inv. Co. of America | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| " | | | Legacy Annuity | | | | X | | | | | | | | | X | | | X | | | | | | X | | | | | | | | |
| " | | | SB Total Return Fund | X | | | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | |
| " | | | USX Marathon | | X | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Barbara Cubin

Page 4 of 7

| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| IRA | Identix | | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | |
| IRA | Cascade International | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Monsanto | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Pfizer | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | Merck + Co. | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | State St Mutual Fund | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | NW Bank Savings Acct | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Thrift Savings Plan | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Congfed Credit Union | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Universal Display | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Casper Mtn Land | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Garfield Peak Land | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Barbara Cubin



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Inc Funds of America | | X | | 1-4-00 | X | | | | | | | | | |
| | Haliburton | | X | | 4-27-00 | X | | | | | | | | | |
| | Universal Display | X | | | 1-4-00 | X | | | | | | | | | |

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Name Barbara Cubin | Page 6 of 7

## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Natl. Rifle Association | May 20-22 | Wash, DC-Charlotte, NC-Wash, DC | Y | Y | | 3 days |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board of Directors | National Rifle Association |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70-729 (mac)

**Use additional sheets if more space is required.**

MC

Name Barbara Cubin | Page 6 of 7

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | National Rifle Association | May-20-22 | Wash, DC-Charlotte NC-Wash DC | Y | Y | N | 3 days |

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2001 JUN -1 PM 3:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 6:00
(8)
MC
(Office Use Only)

JOHN ABNEY CULBERSON
(Full Name)

1728 LONGWORTH HOB
WASHINGTON DC 20515
(Mailing Address)

(202) 225-2571
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: TX District: 7 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | ☑ | ☐ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | ☐ | ☑ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | ☑ | ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | ☑ | ☐ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | ☑ | ☐ |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | ☐ | ☑ |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** NIA for NBW — Bureau | ☐ | ☑ |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | ☐ | ☑ |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | ☐ | ☑ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | ☐ | ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | ☐ | ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | John Abney Culberson | MAY 15, 2001 |

970

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | TEXAS HOUSE OF REPRESENTATIVES | LEGISLATIVE SALARY | $7,200 |
| | LORANCE + THOMPSON | PART TIME SALARY AS CIVIL DEFENSE ATTORNEY | $25,822 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| N/A | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN CULBERSON



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | Block A | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP | Mega Corp. Stock | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | P |
| DC | Examples: Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | COMPAQ COMPUTER STOCK | | | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | S |
| JT | MICROSOFT STOCK | | | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | S |
| JT | INTEL STOCK | | | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | S |
| JT | LORNICE-THOMPSON HOIK/ BENEFIT SERVICES CORP. | | | | X | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | N/A |
| JT | STATE OF TEXAS DEFINED BENEFIT PLAN FOR ELECTED STATE OFFICIALS | | | | X | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | N/A |
| | EMPLOYEE RETIREMENT SYSTEM OF TEXAS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name JOHN CUBBERSON



| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | COMPAQ COMPUTER STOCK | | X | | 7/24/00 | X | | | | | | | | | |
| JT | MICROSOFT STOCK | | X | | 8/9/00 | X | | | | | | | | | |
| JT | INTEL STOCK | | X | | 10/11/00 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Name JOHN CULBERSON Page 6 of 8

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | PANHANDLE PLAINS STUDENT LOAN CENTER | STUDENT LOAN | | X | | | | | | | | |
| | WELLS FARGO BANK | PERSONAL LOAN | | X | | | | | | | | |
| | DISCOVER | REVOLVING CHARGE ACCOUNT | X | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| N/A | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| N/A (NEW MEMBER OF CONGRESS) | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Excludes:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| N/A | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70-729 (mac)

**Use additional sheets if more space is required.**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

Form A
For use by Members, officers, and employees

MAY 15 2001
LEGISLATIVE RECORDS CENTER

2001 MAY 18 AM 11:39

MC

(Office Use Only)

Elijah E. Cummings
(Full Name)

2014 Madison Avenue
(Mailing Address)

Baltimore MD 21217

Daytime Telephone: (410) 367-1900

Filer Status: [X] Member of the U.S. House of Representatives — State: MD District: 07 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

| CERTIFICATION | SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month/Day/Year) |
|---|---|---|
| **I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.** | Elijah E. Cummings | 5-15-2001 |

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## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Baltimore County, MD, Schools | Spouse Salary | $64,498.82 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 1999 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1999 | $ 600 |
| | Faith Baptist Church | Speech | 3/1/2000 | $150.00 |
| | Spellman College | Speech | 3/15/2000 | $1,000.00 |
| | Wayland Baptist Church | Speech | 5/1/2000 | $300.00 |
| | Vulcan Blazers | Speech | 10/1/2000 | $300.00 |
| | Howard University | Speech | 11/5/2000 | $600.00 |
| | National Urban League | Speech | 12/4/2000 | $1,500.00 |
| | Howard University | Speech | 2/1/2000 | $500.00 |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year<br><br>**Exclude** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left | at close of reporting year<br>If you use a valuation method other than fair market value, please specify the method used.<br>If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block | For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year. |
| SP<br>DC *Examples* SP<br>JT | Mega Corp Stock<br>123 Main St., Dover, Del<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | 2014 Madison Avenue, Baltimore, MD | $50,001 - $100,000 | Rent | $2,501 - $5,000 | |
| JT | 5809 Leithwalk, Baltimore, MD | $50,001 - $100,000 | N/A | None | |
| | 2225 St Paul Street, Baltimore, MD | $50,001 - $100,000 | Capital Gains | $2,501 - $5,000 | |
| | Elijah E Cummings, P.A. | None | No Income per House Rules<br>Continued legal existence for resolving claims only | None | |
| | Legg Mason Money Market Fund | $1 - $1,000 | Dividends | $1 - $200 | |
| | Alger Fund | $1 - $1,000 | Dividends | $1 - $200 | |
| | | | | | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | | |
|---|---|---|---|---|---|
| SP | First Financial FCU | $1,001 - $15,000 | Interest | $1 - $200 | |
| SP | John Alden Life Insurance | $1 - $1,000 | Interest | $1 - $200 | |
| SP | Kemper Mutual Funds | $1 - $1,000 | Dividends | $1 - $200 | |
| SP | Chubb Life Insurance Account | $1 - $1,000 | Dividends | $1 - $200 | |
| SP | Pioneer II Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | Pioneer Capital Growth Fund | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | Western Reserve Life | $1 - $1,000 | Interest | $1 - $200 | |
| SP | Lincoln Life Insurance | $50,001 - $100,000 | Dividends | $2,501 - $5,000 | |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example:* Mega Corporation Common Stock | Purchase | 10/12/1999 | $15,001 - $50,000 |
| | Installment Sale of 2225 St. Paul Street, Baltimore (See, Schedule III and 5/1996 Report | Sold | Ongoing | $1,001 - $15,000 |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000

| SP,DC,JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | $100,001 - $250,000 |
| | Ideal Savings & Loan, Baltimore, MD | Mortgage: 2225 St. Paul St., Baltimore, MD | $15,001 - $50,000 |
| | First National Mortgage Company, Palatine, Illinois | Mortgage: 2014 Madison Ave., Baltimore, MD | $50,001 - $100,000 |

Name Elijah E Cummings



## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar.2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| RIMI | 2/19-20/2000 | Balt.Wash-Atlanta-Balt.Wash | Y | Y | N | N |
| Tufts University | 4/11-12/2000 | Balt.Wash-Boston-Balt.Wash. | Y | Y | N | N |
| Massachusetts Black Legislative Caucus | 5/05-06/2000 | Balt.Wash-Boston-Balt.Wash | Y | Y | Y | N |
| American Bible Society | 11/28/2000 | Balt.-New York-Balt. | N | Y | N | N |

## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Director | Baltimore Zoological Society, Baltimore, MD |
| Director | Eubie Blake Cultural Center, Baltimore, MD |
| Director | Learning to Lead, Inc., Baltimore, MD |
| Member | Morgan State University Board of Regents, Baltimore, MD |
| Member | University of Maryland School of Law Board of Visitors, Baltimore, MD |

ELIJAH E. CUMMINGS
7TH DISTRICT, MARYLAND

1632 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-4741
FAX (202) 225-3178

COMMITTEE ON
TRANSPORTATION AND
INFRASTRUCTURE

COMMITTEE ON
GOVERNMENT REFORM

DEMOCRATIC
POLICY COMMITTEE

DEMOCRATIC
STEERING COMMITTEE

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515

LEGISLATIVE RESOURCE CENTER
2001 MAY 23 AM 9:[illegible]
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

DISTRICT OFFICES

3000 DRUID PARK DRIVE
BALTIMORE, MD 21215
(410) 367-1900
FAX (410) 367-5331

[illegible] LIBERTY ROAD
[illegible]MORE, MD 21244
(410) 496-2010
FAX (410) 496-2015

[illegible]ERICK ROAD
CATONSVILLE, MD 21228
(410) 719-8177
FAX (410) 455-0110
www.house.gov/cummings

✓ mc ②

May 17, 2001

Clerk of the House of Representatives
B-106 Cannon House Office Building
Washington, D.C. 20515
ATTN: Financial Disclosure Department

RE: AMENDMENT: Correction of error in Financial Disclosure Statement for Year 2000

Dear Clerk:

Due to a clerical error in my office, Schedule VII (Travel Payments and Reimbursements) of my May 15, 2001, Financial Disclosure Statement for Year 2000 incorrectly indicates that a family member accompanied me to the Massachusetts Black Legislative Caucus function in Boston, MA, May 5-6, 2000. That was not the case.

Please file this clarification with my Year 2000 Disclosure Statement. Thank you for your assistance in this regard.

Sincerely,

Elijah E. Cummings

Elijah E. Cummings
Member of Congress

EEC: mc

PRINTED ON RECYCLED PAPER

LEGISLATIVE RESOURCE CENTER
2001 MAY 23 AM 9:42
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL

Name Elijah E Cummings Page 8 of 9

## SCHEDULE VII – TRAVEL PAYMENTS AND REIMBURSEMENTS

AMENDMENT & CLARIFICATION: May 17, 2001

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

| Source | Date(s) | Point of Departure–Destination–Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce<br>Mega Corporation | Mar 2<br>Aug 6-13 | Wash., D.C.-Chicago-Wash., D.C.<br>Wash., D.C.-Los Angeles-Cleveland | N<br>Y | N<br>Y | N<br>Y | N<br>4 Days |
| RIMI | 2/19-20/2000 | Balt.Wash-Atlanta-Balt.Wash | Y | Y | N | N |
| Tufts University | 4/11-12/2000 | Balt.Wash-Boston-Balt.Wash | Y | Y | N | N |
| Massachusetts Black Legislative Caucus | 5/05-06/2000 | Balt.Wash-Boston-Balt.Wash | Y | Y | N | N |
| American Bible Society | 11/28/2000 | Balt.-New York-Balt. | N | Y | N | N |

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MC (5)

(Office Use Only)

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



Randy "Duke" Cunningham
(Full Name)

2350 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-5452
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State CA District 51 | Officer Or Employee / Employing Office |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination / Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Randy Duke Cunningham | 14 May 01 |

# SCHEDULE I - EARNED INCOME

Na Randy "Duke" Cunningham



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Encinitas Union School District | Spouse Salary | N/A |

# SCHEDULE III - ASSETS AND "U

Na Randy "Duke" Cunningham



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Top Gun Enterprises - Sole Shareholder | $250,001 - $500,000 | CAPITAL GAINS | $5,001 - $15,000 | |
| | Mission Valley FCU | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| | Union Bank Miramar Checking | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| | Union Bank Miramar Checking | $1,001 - $15,000 | INTEREST | $1,001 - $2,500 | |
| SP | Union Bank Miramar - IRA | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| | Union Bank Miramar - IRA | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |

# SCHEDULE III - ASSETS AND "U

Na Randy "Duke" Cunningham



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Congressional FCU Checking | $15,001 - $50,000 | INTEREST | $1 - $200 | |
| JT | Congressional FCU Savings | $15,001 - $50,000 | INTEREST | $1 - $200 | |
| DC | Union Bank Miramar Savings | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| DC | Union Bank Miramar Savings | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| | Note secured by Deed of Trust loactes at Elsworth - parcel #386-410-28, debtor Calvin Goad | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | |

# SCHEDULE VII - TRAVEL PAYMENTS

Na Randy "Duke" Cunningham



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| DSR, Inc. sponsored trip-Ziff-Davis Company did the reimbursements | April 19-20, 2000 | Washington, D.C. - Chicago, IL - Washington, DC | Y | Y | N | N/A |

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



HAND DELIVER

LEGISLATIVE RESOURCE CENTER

2001 MAY 11 PM 1:48

MC

(Office Use Only)

7

Danny K. Davis
(Full Name)

5956 W. Race Chicago, IL 60644
(Mailing Address)

(202) 225-5006
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: IL, District: 7th | ☐ Officer Or Employee | Employing Office |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Danny K. Davis | May 10, 2001 |

994

# SCHEDULE I - EARNED INCOME

Name Danny K. Davis



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| State of Illinois | Spouse Pension | $30,118.68 |
| Equitable Fund | IRA | $13,750 |
| VALIC | IRA | $8,000 |
| Davis for Congress | Salary | $7,200 |

## SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

**Name** Danny K. Davis



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Illinois Association Minorities in Government | Speech | March 17, 2000 | $100 |
| Pure Love Alliance | Speech | June 2, 2000 | $700 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny K. Davis



| | BLOCK A<br>Asset and/or Income Source<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $6,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>Year-End Value of Asset<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>Type of Income<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>Amount of Income<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>Transaction<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Bank One | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| SP | One Group | $1 - $1,000 | INTEREST | $1 - $200 | |
| JT | Bank One | $1 - $1,000 | INTEREST | $1 - $200 | |
| SP | Pegasus Fund | $50,001 - $100,000 | DIVIDENDS | $2,501 - $5,000 | |
| SP | Equitable IRA | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | |
| SP | Unite Credit Union | $1 - $1,000 | INTEREST | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny K Davis



| | BLOCK A<br>Asset and/or Income Source<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>Year-End Value of Asset<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>Type of Income<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>Amount of Income<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>Transaction<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Community Bank of Lawndale | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| SP | VALIC | $50,001 - $100,000 | INTEREST | $1,001 - $2,500 | |
| | VALIC Annuity | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| JT | Northwest Austin Council - Note Owed | $15,001 - $50,000 | Other: (Please specify) X-Sale of Real Estate | $5,001 - $15,000 | |

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Danny K. Davis



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Aspen Institute | April 17-22, 2000 | Chicago, Il to Grand Caymen Islands to Chicago | Y | Y | Y | No |
| Pure Love Alliance | June 1-3, 2000 | Chicago, Il to New York to Chicago | Y | Y | N | No |
| Southeast Healthcare Consortium | August 10-11, 2000 | Chicago, Il to Tunica, ms TO Chicago, Il | N | Y | N | No |
| BFI International | November 18-22, 2000 | Chicago, Il to Johannesburg, South Africa to Chicago, Il | Y | Y | N | No |

# SCHEDULE VIII - POSITIONS

**Name** Danny K. Davis



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Board Member | Streetwise Newspaper |
| Board Member | Prevention Partnership |
| Board Member | East West University |
| Advisory Board | Interfaith House |

DANNY K. DAVIS
7TH DISTRICT, ILLINOIS

COMMITTEE ON
GOVERNMENT REFORM AND OVERSIGHT
COMMITTEE ON SMALL BUSINESS

# Congress of the United States

## House of Representatives

Washington, DC 20515–1307

June 12, 2001

DISTRICT OFFICE
3333 WEST ARTHINGTON STREET
SUITE 130
CHICAGO, ILLINOIS 60624
(773) 533–7520

WASHINGTON OFFICE
ROOM 1218
LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225–5006

HC

Clerk
U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6612

Re: Amendment to Financial Disclosure statement for the year 2000.

Page 2, Schedule 1,

Earned income- items reflect spouse income, State of Illinois Equitable Fund VALIC

Davis for Congress, Vera G. Davis.

Sincerely,

Danny K. Davis

Danny K. Davis
Member of Congress

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LEGISLATIVE RESOURCE CENTER
2001 JUN 14 PM 2:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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## SCHEDULE I - EARNED INCOME

| Name | Danny K. Davis | |
|---|---|---|

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| State of Illinois | Spouse Pension | $30,118.68 |
| Equitable Fund | IRA | $13,750 |
| VALIC | IRA | $8,000 |
| Davis for Congress | Salary | $7,200 |

Amendment

All items on this page reflect spouse income-
Vera G. Davis

Danny K. Davis

Danny K. Davis
June 12, 2001

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



01 MAY 15 PM 4:37

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(Office Use Only)

1003

Jim Davis
(Full Name)

424 Cannon HOB Washington, DC 20515
(Mailing Address)

202-225-3376
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: FL District: 11 | ☐ Officer Or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | | 5/15/01 |

## SCHEDULE I - EARNED INCOME

Name Jim Davis



**List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.**

| Source | Type | Amount |
|---|---|---|
| Independent Contractor- Research Consultant | Spouse Salary | N/A |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jim Davis



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| DC | DC (2) Certificates- Treasury Securities, State of New York | $1,001 - $15,000 | N/A | $201 - $1,000 | N/A |
| | State of Florida Retirement System | $15,001 - $50,000 | Deferred Benefit Plan | NONE | N/A |

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jim Davis



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Democratic Leadership Council- Policy Retreat | May 21-22 | Washington, DC--Hyde Park, NY--Washington, DC | Y | Y | N | N/A |

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U.S. HOUSE OF REPRESENTATIVES
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# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees



Jim Davis
(Full Name)

424 Cannon HOB Washington, DC 20515
(Mailing Address)

202-225-3376
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: FL, District: 11 | ☐ Officer Or Employee | Employing Office: |
| **Report Type** | ☐ Annual (May 15) ☑ Amendment | ☐ Termination | Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | | 6/14/01 |

1007

## SCHEDULE I - EARNED INCOME

Name Jim Davis



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Independent Contractor- Research Consultant for Sunrise Communications, Inc., Rockville, MD | Spouse--Independent Contractor Fees | N/A |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jim Davis



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| DC | DC (2) Certificates- Treasury Securities, State of New York | $1,001 - $15,000 | N/A | $201 - $1,000 | N/A |
| | State of Florida Retirement System | $15,001 - $50,000 | Deferred Benefit Plan | NONE | N/A |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

**Name** Jim Davis



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Democratic Leadership Council- Policy Retreat | May 21-22 | Washington, DC–Hyde Park, NY–Washington, DC | Y | Y | N | N/A |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 15 AM 10:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

JO ANN S DAVIS
(Full Name)

102 TIDES RUN
(Mailing Address)

YORKTOWN VIRGINIA 23692

Daytime Telephone: 202-225-4261

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: VA Distrct: 01 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | JO ANN S. DAVIS | MAY 12, 2001 |

1011

Name JoAnn S. Davis | Page 2 of 6

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontano County Board of Education | Spouse Salary | NA |
| | Rose & Womble Realty | Real Estate Comm. | 13,172 |
| | Commonwealth of Virginia - House of Delegates | Salary | 32,762 |
| | City of Hampton - Fire Division | Spouse Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JO ANN S DAVIS



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B | Block C | | | | | | | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other: Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, P, E |
| SP, DC, JT | Examples: | SP | Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| | | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | | | | | | | | | |
| JT | SUN TRUST SAVINGS | | | | X | | | | | | | | | | | | X | | | SAVINGS ACT. | | | X | | | | | | | | | |
| JT | EDWARD JONES INVESTMENTS | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| JT | EDWARD JONES INVESTMENTS | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| SP | ICMA RETIREMENT CORP | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | MERRILL LYNCH SEP IRA | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | SUN AMERICA IRA | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JO ANN S. DAVIS



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| JT | PEPCO STOCKS | B: X | DIVIDENDS: X | II: X | |
| JT | SOUTHERN CO. STOCK | B: X | DIVIDENDS: X | III: X | |
| JT | SUN AMERICA STOCKS | D: X | DIVIDENDS: X | IV: X | |
| JT | 102 HAMPTON LAW YORKTOWN, VA | E: X | RENT: X | VI: X | |
| JT | 304-B MAPLE AVE. NEWPORT NEWS, VA | D: X | RENT: X | V: X | |
| JT | 386 SUSAN CONSTANT NEWPORT NEWS, VA | D: X | RENT: X | V: X | |
| JT | 56 BEDFORD RD. NEWPORT NEWS, VA | E: X | RENT: X | VI: X | |
| JT | 7 RED CEDAR WAY NEWPORT NEWS, VA | E: X | RENT: X | VI: X | |

This page may be copied if more space is required.

## SCHEDULE IV — TRANSACTIONS

Name Jo Ann S. Davis | Page 5 of 6

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* Mega Corporation Common Stock | | X | | | 10–12–00 | | X | | | | | | | | |
| | Jo Ann Davis Realty Co. Inc | | | X | | 1-7-00 | | X | | | | | | | | |
| | Davis Management Co. Inc. | | | | | | | | | | | | | | | |
| | Transferred to spouse | | | | | | | | | | | | | | | |
| | Ø # included | | | | | | | | | | | | | | | |

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Name JO ANN S. DAVIS | Page 6 of 6

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | MIDLAND MORTGAGE OKLAHOMA CITY, OK | 102 HAVERSTRAW YORKTOWN VA | | X | | | | | | | | |
| JT | SUN TRUST MORTGAGE RICHMOND VA | 304 B MAPLE NEWPORT NEWS VA | | X | | | | | | | | |
| JT | TOWNSHIP FIVE NEWPORT NEWS VA | 386 SUSAN CONSTANT NEWPORT NEWS VA | | X | | | | | | | | |
| JT | MIDLAND MORTGAGE OKLAHOMA CITY, OK | 56 BEDFORD NEWPORT NEWS VA | | | X | | | | | | | |
| JT | MIDLAND MORTGAGE OKLAHOMA CITY OK | 7 RED CEDAR WAY NEWPORT NEWS VA | | | X | | | | | | | |
| JT | PROVIDIAN BANCORP | REVOLVING CHARGE | X | | | | | | | | | |
| JT | BANK AMERICA | REVOLVING CHARGE | X | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | N/A | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

(3)

MC

JO ANN DAVIS
FIRST DISTRICT
VIRGINIA

June 13, 2001

(Please include the attached Schedules III & IV to my Financial Disclosure Statement for 2000.

Thank you.

Jo Ann Davis

JO ANN DAVIS

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) AMENDED *

Name JoAnn Davis Page 1 of 2

| BLOCK A Asset and/or Income Source (SP, DC, JT) | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT Sun America Stocks: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American National ICAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Growth Fund | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gro'th + Quality Fd | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT Edward Jones Investments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Putnam Inst | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Growth Opportunities | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS AMENDED*

Name Jo Ann Davis | Page 2 of 2

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP, DC, JT **Asset** | | | | | | | | | | | | | | |
| SP *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT PUTNAM INT. GROWTH OPPORTUNITIES | X | | | 11-22-00 | X | | | | | | | | | |

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HAND DELIVERED

# UNITED STATES HOUSE OF REPRESENTATIVES
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



LEGISLATIVE RESOURCE CENTER

2001 MAY 15 PM 6:15

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(22)

MC

(Office Use Only)

SUSAN A. DAVIS
(Full Name)

5241 CANTERBURY DRIVE SAN DIEGO, CA 92116
(Mailing Address)

(619) 281-6235
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: CA<br>District: 49 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period?<br>If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)?<br>If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?<br>If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)?<br>If yes, complete and attach Schedule VII. | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period?<br>If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year?<br>If yes, complete and attach Schedule VIII. | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period?<br>If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity?<br>If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period?<br>If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Susan A. Davis | May 15, 2001 |

1020

# SCHEDULE I - EARNED INCOME

Name SUSAN A. DAVIS



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| STATE OF CALIFORNIA, CALIFORNIA | SALARY | $61,471 |
| STATE OF CALIFORNIA, CALIFORNIA | SPOUSE SALARY | $60,815 |
| STEVEN J. DAVIS, MD, INC., SAN DIEGO, CA | SPOUSE BUSINESS INC | $2,900 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A. DAVIS



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | NICM US GOVT PORT | $1 - $1,000 | DIVIDENDS | $1 - $200 | |
| | CITIZENS INDEX FUND | $1,001 - $15,000 | DIVIDENDS<br>CAPITAL GAINS | $201 - $1,000 | |
| | CITIZENS GLOBAL EQUITY FUND | $1,001 - $15,000 | DIVIDENDS<br>CAPITAL GAINS | $201 - $1,000 | |
| | CITIZENS EMERGING GROWTH FUND | $1,001 - $15,000 | DIVIDENDS<br>CAPITAL GAINS | $2,501 - $5,000 | |
| | DREYFUS GNMA FUND | $1,001 - $15,000 | DIVIDENDS | $1,001 - $2,500 | |
| | JANUS INV WORLDWIDE FUND | $1,001 - $15,000 | DIVIDENDS<br>CAPITAL GAINS | $201 - $1,000 | |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A. DAVIS



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | JANUS INV BALANCED FD | $15,001 - $50,000 | DIVIDENDS<br>CAPITAL GAINS | $1,001 - $2,500 | |
| | TD WATERHOUSE BANK | $1 - $1,000 | INTEREST<br>CAPITAL GAINS | $1 - $200 | |
| | WNB MONEY MKT ACCT | None | INTEREST | $1 - $200 | |
| SP | COSTCO WHOLESALE CORP STOCK | $100,001 - $250,000 | | NONE | |
| SP | CYTOGEN CORP STOCK | $1 - $1,000 | | NONE | |
| SP | EMC CORP-MASS STOCK | $1,001 - $15,000 | | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A. DAVIS



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | ENRON CORP STOCK | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| SP | FIDELITY CASH RESERVES | None | DIVIDENDS CAPITAL GAINS | $201 - $1,000 | |
| SP | GENETECH INC STOCK | $15,001 - $50,000 | | NONE | |
| SP | GREAT AMERICAN BANK | None | | NONE | |
| SP | DREYFUS GMNA FUND | $1,001 - $15,000 | DIVIDENDS CAPITAL GAINS | $201 - $1,000 | |
| SP | GUIDANT CORP STOCK | $1,001 - $15,000 | | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A. DAVIS



| BLOCK A<br>Asset and/or Income Source<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>Year-End Value of Asset<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>Type of Income<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>Amount of Income<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>Transaction<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | INVESCO BLUE CHIP GROWTH | $1,001 - $15,000 | DIVIDENDS<br>CAPITAL GAINS | $1,001 - $2,500 | |
| SP | JANUS INV OLYMPUS FD | $1,001 - $15,000 | DIVIDENDS<br>CAPITAL GAINS | $1 - $200 | |
| SP | JOHNSON & JOHNSON STOCK | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | |
| SP | LEAP WIRELESS INC STOCK | $1,001 - $15,000 | | NONE | |
| SP | LUCENT TECH STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | MERCK & CO STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A. DAVIS



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | VANGUARD INDEX 500 | $1,001 - $15,000 | DIVIDENDS<br>CAPITAL GAINS | $1 - $200 | |
| SP | WHITE OAK GROWTH FD | $1,001 - $15,000 | | $1 - $200 | |
| SP | NICM MONEY MKT PORT | $15,001 - $50,000 | DIVIDENDS<br>CAPITAL GAINS | $1,001 - $2,500 | |
| SP | AMGEN INC STOCK | $1,001 - $15,000 | | NONE | |
| SP | NCR CORP STOCK | $1 - $1,000 | | NONE | |
| SP | ORACLE CORP STOCK | $1,001 - $15,000 | | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A. DAVIS



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | QUALCOMM INC STOCK | $100,001 - $250,000 | | NONE | |
| SP | SAFEGUARD SCIENTIFICS INC STOCK | $1,001 - $15,000 | | NONE | |
| SP | SUN MICROSYSTEMS INC STOCK | $1,001 - $15,000 | | NONE | |
| SP | TITAN CORP STOCK | $1,001 - $15,000 | | NONE | |
| SP | WILLIAMS COMPANIES INC STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | INVESCO SECTOR FDS INC | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |

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|---|---|---|---|---|---|
| SP | JANUS INV FUND | $1,001 - $15,000 | | NONE | |
| SP | NORTHERN FUNDS | $15,001 - $50,000 | DIVIDENDS | $5,001 - $15,000 | |
| SP | VANGUARD INDEX 500 | $15,001 - $50,000 | DIVIDENDS<br>CAPITAL GAINS | $201 - $1,000 | |
| SP | FIDELITY CASH RESERVES | None | DIVIDENDS<br>CAPITAL GAINS | $201 - $1,000 | |
| SP | AT&T | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | CHYRON CORP STOCK | $1 - $1,000 | | NONE | |

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|---|---|---|---|---|---|
| SP | AVAYA INC | $1 - $1,000 | | NONE | E |
| JT | BCE INC STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | BOEING CO STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | BOISE CASCADE CORP STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | CHARLES SCHWAB CORP STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | CISCO SYSTEMS INC STOCK | $1,001 - $15,000 | DIVIDENDS | NONE | |

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|---|---|---|---|---|---|
| JT | CITIGROUP INC STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | COSTCO WHOLESALE CORP STOCK | $50,001 - $100,000 | | NONE | |
| JT | DEVELOPERS DIVERSIFIED REALTY STOCK | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| JT | DOWNEY FINANCIAL STOCK | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| JT | EDISON INT STOCK | $15,001 - $50,000 | DIVIDENDS<br>CAPITAL GAINS | $1,001 - $2,500 | |
| JT | AMERICAN ADVANTAGE FD | $50,001 - $100,000 | DIVIDENDS | $2,501 - $5,000 | |

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|---|---|---|---|---|---|
| JT | AEGON NV-ORD | $1 - $1,000 | DIVIDENDS | $1 - $200 | E |
| JT | ALCAN ALUMINUM LTD STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | AMYLIN PHARMACEUTICALS INC STOCK | $1,001 - $15,000 | | NONE | |
| JT | EXXON MOBIL CORP STOCK | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| JT | GENERAL ELECTRIC CO STOCK | $100,001 - $250,000 | DIVIDENDS | $1,001 - $2,500 | |
| JT | HOMEFED CORP STOCK | $1 - $1,000 | | NONE | |

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| JT | INTEL CORP STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | MSDW & CO STOCK | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| JT | NORTEL NETWORKS CORP STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | ORACLE CORP STOCK | $1,001 - $15,000 | | NONE | |
| JT | PROCTOR & GAMBLE STOCK | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| JT | RELIANT ENERGY INC STOCK | $1 - $1,000 | DIVIDENDS | $1 - $200 | |

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|---|---|---|---|---|---|
| JT | SCHLUMBERGER LTD STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | SOLECTRON CORP STOCK | $1,001 - $15,000 | | NONE | |
| JT | SUN MICROSYSTEMS INC STOCK | $1,001 - $15,000 | | NONE | |
| JT | TEXACO INC STOCK | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| JT | TEXAS INSTRUMENTS INC STOCK | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | TRANSOCEAN SEDCO INC STOCK | $1 - $1,000 | DIVIDENDS | NONE | |

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|---|---|---|---|---|---|
| JT | SACRAMENTO CA MUN UTIL DIST | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |
| JT | INVESCO FDS- HEALTH SCIENCES | $15,001 - $50,000 | DIVIDENDS<br>CAPITAL GAINS | $2,501 - $5,000 | |
| JT | INVESCO FDS- TELECOMMUNICATIONS | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| JT | INVESCO FDS- DYNAMIC FUNDS | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | NORTHERN FUNDS | $1,001 - $15,000 | | $2,501 - $5,000 | |
| JT | NUVEEN CA MUN MKT OPP FUND | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |

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| JT | NUVEEM MUN VALUE FUND | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | VANGUARD INDEX 500 | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| JT | UIT MSDW EQUITY FD | $1,001 - $15,000 | | $5,001 - $15,000 | |
| JT | WNB MONEY MKT ACCT | None | INTEREST | $1 - $200 | |
| JT | SEMPRA ENERGY STOCK | None | DIVIDENDS<br>CAPITAL GAINS | $201 - $1,000 | S |
| JT | AQUARION CO STOCK | None | DIVIDENDS<br>CAPITAL GAINS | $2,501 - $5,000 | S |

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| JT | CINERGY CORP STOCK | None | CAPITAL GAINS | $1,001 - $2,500 | S |
| JT | FPL GROUP INC STOCK | None | CAPITAL GAINS | $2,501 - $5,000 | S |
| JT | HEALTH CARE PROPERTY INC INC STOCK | None | CAPITAL GAINS | $5,001 - $15,000 | S |
| JT | KANSAS CITY POWER & LT CO STOCK | None | CAPITAL GAINS | $5,001 - $15,000 | S |
| JT | NATIONAL HEALTH INVESTORS INC STOCK | None | DIVIDENDS | $2,501 - $5,000 | S |
| JT | PG&E CORP STOCK | None | DIVIDENDS<br>CAPITAL GAINS | $5,001 - $15,000 | S |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A. DAVIS



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | 4113-15 ARBOR VITAE | $100,001 - $250,000 | RENT | $2,501 - $5,000 | |
| JT | CAL-AMER INC PROP IV | $1,001 - $15,000 | RENT | $2,501 - $5,000 | |
| JT | RAINBOW EXIT LLC | $15,001 - $50,000 | | NONE | |
| JT | ALLETE INC | $1,001 - $15,000 | DIVIDEND | $1 - $200 | P |
| JT | PUTNAM CALIFORNIA TAX EXEMPT | $1,001 - $15,000 | DIVIDEND | $1 - $200 | P |
| JT | VERIZON WIRELESS | $15,001 - $50,000 | DIVIDEND | $1 - $200 | E |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A DAVIS



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | GTE CORP | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| DC | ALPERT FAMILY TRUST | $50,001 - $100,000 | DIVIDENDS<br>INTEREST | $1,001 - $2,500 | |

## SCHEDULE IV - TRANSACTIONS

Name SUSAN A. DAVIS



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | AEGON NV-ORD STOCK | E | 01/11/00 | $1,001 - $15,000 |
| JT | EDISON INT STOCK | S | 01/21/00 | $15,001 - $50,000 |
| JT | UIT MSDW EQUITY FD | S | 07/10/00 | $1,001 - $15,000 |
| JT | SEMPRA ENERGY STOCK | S | 01/21/00 | $15,001 - $50,000 |
| JT | AQUARION CO | S | 01/11/00 | $1,001 - $15,000 |
| JT | CINERGY CORP | S | 01/21/00 | $1,001 - $15,000 |
| JT | FPL | S | 01/21/00 | $1,001 - $15,000 |
| JT | HEALTH CARE PROPERTY INV INC STOCK | S | 01/21/00 | $1,001 - $15,000 |
| JT | KANSAS CITY POWER AND LIGHT CO | S | 01/21/00 | $1,001 - $15,000 |
| JT | NATIONAL HEALTH INVESTORS INC STOCK | S | 01/21/00 | $1,001 - $15,000 |
| JT | PG&E CORP | S | 01/21/00 | $1,001 - $15,000 |
| JT | VERIZON WIRELESS | E | 06/30/00 | $15,001 - $50,000 |

## SCHEDULE V - LIABILITIES

Name SUSAN A. DAVIS



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| JT | BANK UNITED OF TEXAS | MORTGAGE ON 4113-15 ARBOR VITAE<br>SAN DIEGO, CA | $50,001 - $100,000 |

# SCHEDULE VIII - POSITIONS

Name SUSAN A. DAVIS



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| BOARD MEMBER | NATIONAL CONFERENCE OF COMMUNITY & JUSTICE |
| BOARD MEMBER | JUNE BURNETT INSTITUTE FOR CHILDREN & FAMILIES- S.D. STATE FOUNDATION |
| MEMBER | CALIFORNIA-ELECTED WOMEN'S ASSOCIATION FOR EDUCATION & RESEARCH |
| BOARD MEMBER (SP) | AMERICAN JEWISH COMMITTEE OF SAN DIEGO |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

01 MAY 15 PM 4:54

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HAND DELIVERED

HC (Office Use Only)

Thomas M. Davis, III
(Full Name)

3304 Juniper Way Falls Church, VA 22044
(Mailing Address)

Daytime Telephone
202-225-1492

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: VA District: 11 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [✓] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [✓] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [✓] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [✓] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [✓] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [✓] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [✓] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [✓] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [✓] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [✓] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [✓] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Tom Davis | 5/15/01 |

1042

Name Tom Davis Page 2 of 1

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Davis, Hall + Hafner | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| Washington Times Foundation | Speech | April 29, 2000 | $2,000 |
| Nottoway Park Nights / America Society of Anesthesiologists | Speech | April 18, 2000 | $1,500 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Tom Davis



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP | | SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| DC | *Examples:* | | Simon & Schuster | Indefinite | | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Virginia State Public Authority Bonds | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | ARC, Inc. - ESOP | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Oceana Prop. Partnership VA Beach, VA | | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tom Davis

Page 5 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Fairfax County Public Improvement Funds | | | | X | | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Clarke Schools Tax-exempt money fund | | | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Brick + Dental | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Savings Acct. - First Union Bank | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | PRC, Inc. - 401K Plan | | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | 401K Plan - Deferred Comp Fairfax County | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Tom Davis

Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | Annandale, VA - Rental Property 4554 King Edward Drive | | X | | 9-28-00 | | | | X | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Consumer Electronics Assoc. | Jan. 5-8 | Wash, DC - Las Vegas - Wash, DC | Y | Y | N | N |
| | U.S. Mexico Chamber of Commerce | Nov. 29-30 | Wash, DC - Mexico City - Wash, DC | Y | N | N | 1 day |

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# UNITED STATES HOUSE OF REPRESENTATIVES
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



01 MAY -3 AM 10: 52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)
9

1049

John Nathan Deal
(Full Name)

8805 Skitts Mountain Road Clermont, GA 30527
(Mailing Address)

202-225-5211
Daytime Telephone

**Filer Status**
☑ Member of the U.S. House of Representatives — State: GA District: 9
☐ Officer Or Employee — Employing Office

**Report Type**
☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions–** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | John Nathan Deal | 5/2/01 |

# SCHEDULE I - EARNED INCOME

Na John Nathan Deal



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Hall County Board of Education | Spouse Salary | N/A |
| Recovery Sources Inc., Gainesville, GA | Approved compensation from Family owned business | $21,100 |
| Farm Income (personal farm) | sale of yearling heifers | $1,100 |

# SCHEDULE III - ASSETS AND "U

Na John Nathan Deal



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | 212 Green Street, Gainesville, Georgia- half interest | $100,001 - $250,000 | RENT | $15,001 - $50,000 | |
| JT | 8811 Skitts Mountain Road, Clermont, GA | $15,001 - $50,000 | RENT | NONE | |
| | IRA- Regions Bank, Gainesville, Georgia | $1,001 - $15,000 | INTEREST | NONE | |
| SP | IRA- Regions Bank, Gainesville, GA | $1,001 - $15,000 | INTEREST | NONE | |
| | IRA- Community Bank and Trust, Cornelia, GA | $1,001 - $15,000 | INTEREST | NONE | |
| | Mutual Funds/ Stock, Merryll Lynch, Gainesville, GA | $100,001 - $250,000 | INTEREST | NONE | |

# SCHEDULE III - ASSETS AND "U

Na John Nathan Deal



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | IRA, Merryll Lynch, Gaiensville,GA | $15,001 - $50,000 | DIVIDENDS | NONE | |
| JT | Putnam New Op Fund | $1,001 - $15,000 | DIVIDENDS | $1,001 - $2,500 | S |
| JT | Washington Mutual Investors Fund, Inc. | $1,001 - $15,000 | DIVIDENDS | $1,001 - $2,500 | S |
| | Wachovia Corp Stock | $1 - $1,000 | DIVIDENDS | $1 - $200 | |
| | Gainesville Bank and Trust Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| | Regions Bank Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "U

Na John Nathan Deal



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $6,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| North Georgia Farm Credit Stcok | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | |
| Gainesville Bank and Trust Checking Account | $1,001 - $15,000 | No Interest | NONE | |
| Regions Bank Checking Account | $1,001 - $15,000 | No Interest | NONE | |
| Congressional Federal Credit Union | $1 - $1,000 | INTEREST | $1 - $200 | |
| Recovery Services Inc., Stock | $50,001 - $100,000 | DIVIDENDS | NONE | |
| Thrift Savings Plan | $100,001 - $250,000 | DIVIDENDS/INTEREST | $5,001 - $15,000 | |

# SCHEDULE III - ASSETS AND "U

Na John Nathan Deal



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investment(s) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | 1/2 Interest in 29.74 acres, Gainesville-GA (50% value and income reorted here | $250,001 - $500,000 | RENT | $15,001 - $50,000 | |
| | 1/2 Interest in Freightliner Truck | $15,001 - $50,000 | RENT | $15,001 - $50,000 | |
| | 3.03 Acres- Forrester Road, Lula, GA | $100,001 - $250,000 | RENT | $2,501 - $5,000 | S |
| | 7 acres, 8778 Skitts Mountain Road | $100,001 - $250,000 | RENT | NONE | S |

# SCHEDULE IV - TRANSACTIONS

Na John Nathan Deal



**Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.**

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Washington Mutual Investors Fund, Inc. | S | 03-02-00 | $1,001 - $15,000 |
| JT | Putnam New Op Fund | S | 03-03-00 | $1,001 - $15,000 |
| | 3.03 Acres- Forrester Road, Lula, GA | S | 11-20-00 | $100,001 - $250,000 |
| | 1.5 acres, 8778 Skitts Mountain Road | S | 12-22-00 | $50,001 - $100,000 |

# SCHEDULE V - LIABILITIES

Na John Nathan Deal



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Gainesville Bank and Trust, Gainesville, GA (1/2 amount reported) | business loan, property, 1602 Athens Highway, Gainesville | $100,001 - $250,000 |
| | Gainesville Bank and Trust Gainesville, GA (1/2 amount reported) | Endorser, Business loan, 1602 Athens Highway, | $50,001 - $100,000 |
| | Gainesville Bank and Trust, Gainesville, GA (1/2 amount reported) | business loan, 1602 Athens Highway | $50,001 - $100,000 |
| | Charlie Thurmond, Gainesville, GA (1/2 amount reported) | business loan, 1602 Athens Highway | $15,001 - $50,000 |
| | Gainesville Bank and Trust, Gainesville, GA (1/2 amount reported) | business loan, 1602 Athens Highway | $15,001 - $50,000 |
| | Gainesville Bank and Trust, Gainesville, GA | Mortgage on 88 acres Skitts Mountain Road | $100,001 - $250,000 |
| | Gainesville Bank and Trust, Gainesville GA | Mortgage on 6.4 acres on Skitts Mountain Road | $50,001 - $100,000 |
| | Gainesville Bank and Trust, Gainesville GA | Mortgage on 5.5 acres on Skitts Mountain Road | $50,001 - $100,000 |
| | Gainesville Bank and Trust, Gainesville, GA | Mortgage on 3.03 acres on Forrester Road | $100,001 - $250,000 |

# SCHEDULE VIII - POSITIONS

Na John Nathan Deal



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Partner | Deal and Jarrard- real estate partnership |
| Secretary- Treasurer | Recovery Services Inc. |
| Partner | C&D Enterprises- real estate partnership |

2437 Rayburn House Office Building
Washington, D.C. 20515-1009
phone: (202) 225-5211
fax: (202) 225-8272
http://www.house.gov/deal

Nathan Deal
Congress of the United States
9th District of Georgia

Committee on
Energy and Commerce
Subcommittee on Commerce
Trade, and Consumer Protection
Subcommittee on Health
Subcommittee on
Telecommunications
and the Internet

INSIDE MAIL
LEGISLATIVE RESOURCE CENTER
2001 MAY 17 PM 5:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
17

May 17, 2001

The Honorable Jeff Trandahl
Clerk, U.S. House of Representatives
H-154 Capital
Washington, DC 20515

Dear Sir:

Please find enclosed an amended version of my personal disclosure report for 2000. Upon review from the House Committee on Standards, I was asked to define my Schedule III holdings with Merrill Lynch of Gainesville, Georgia. I have completed that request and am forwarding the amended version to you. If you should have any questions or need any additional information regarding my personal disclosure form, please do not hesitate to contact me.

Respectfully,

Nathan Deal

Nathan Deal

CC: Mr. John Vargo, Committee on Standards

ND/cr

Suite 201, The Hunt Tower
200 Main Street
Mailing address: P.O. Box 1015
Gainesville, Georgia 30503
phone: (770) 535-2592
fax: (770) 535-2765

Suite 108
415 E. Walnut Avenue
Dalton, Georgia 30721
phone: (706) 226-5320
fax: (706) 278-0840

Suite 102
108 W. LaFayette Square
LaFayette, Georgia 30728
phone: (706) 638-7042
fax: (706) 638-7049

# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



INSIDE MAIL
CIRCULATING RESOURCE CENTER
2001 MAY 17 PM 5:26
CLERK OF THE HOUSE OF REPRESENTATIVES
(Office Use Only)

John Nathan Deal
(Full Name)

8805 Skitts Mountain Road Clermont, GA 30527
(Mailing Address)

202-225-5211
Daytime Telephone

**Filer Status** ☑ Member of the U.S. House of Representatives State: GA District: 9 ☐ Officer Or Employee Employing Office:

**Report Type** ☐ Annual (May 15) ☑ Amendment ☐ Termination Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | | |

# SCHEDULE I - EARNED INCOME

Nam John Nathan Deal



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Hall County Board of Education | Spouse Salary | N/A |
| Recovery Sources Inc., Gainesville, GA | Approved compensation from Family owned business | $21,100 |
| Farm Income (personal farm) | sale of yearling heifers | $1,100 |

# SCHEDULE III - ASSETS AND "UNE

Nam John Nathan Deal



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | 212 Green Street, Gainesville, Georgia- half interest | $100,001 - $250,000 | RENT | $15,001 - $50,000 | |
| JT | 8811 Skitts Mountain Road, Clermont, GA | $15,001 - $50,000 | RENT | NONE | |
| | IRA- Regions Bank, Gainesville, Georgia | $1,001 - $15,000 | INTEREST | NONE | |
| SP | IRA- Regions Bank, Gainesville, GA | $1,001 - $15,000 | INTEREST | NONE | |
| | IRA- Community Bank and Trust, Cornelia, GA | $1,001 - $15,000 | INTEREST | NONE | |
| | Aim Constallation Mutual Fund Merrill Lynch Gainesville, GA | $15,001 - $50,000 | INTEREST | NONE | |

# SCHEDULE III - ASSETS AND "UNE

Nam John Nathan Deal



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|---|---|---|---|---|---|
| | American Euro Pacific Mutual Fund<br>Merrill Lynch, Gaiensville,GA | $15,001 - $50,000 | DIVIDENDS | NONE | |
| JT | Putnam New Op Fund | $1,001 - $15,000 | DIVIDENDS | $1,001 - $2,500 | S |
| JT | Washington Mutual Investors Fund, Inc. | $1,001 - $15,000 | DIVIDENDS | $1,001 - $2,500 | S |
| | Wachovia Corp Stock | $1 - $1,000 | DIVIDENDS | $1 - $200 | |
| | Gainesville Bank and Trust Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| | Regions Bank Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "UNE

Nam John Nathan Deal



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| North Georgia Farm Credit Stcok | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | |
| Gainesville Bank and Trust Checking Account | $1,001 - $15,000 | No Interest | NONE | |
| Regions Bank Checking Account | $1,001 - $15,000 | No Interest | NONE | |
| Congressional Federal Credit Union | $1 - $1,000 | INTEREST | $1 - $200 | |
| Recovery Services Inc., Stock | $50,001 - $100,000 | DIVIDENDS | NONE | |
| Thrift Savings Plan | $100,001 - $250,000 | DIVIDENDS/INTEREST | $5,001 - $15,000 | |

# SCHEDULE III - ASSETS AND "UNE

Nam Johri Nathan Deal



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| 1/2 Interest in 29.74 acres, Gainesville-GA (50% value and income reorted here | $250,001 - $500,000 | RENT | $15,001 - $50,000 | |
| 1/2 Interest in Freightliner Truck | $15,001 - $50,000 | RENT | $15,001 - $50,000 | |
| 3.03 Acres- Forrester Road, Lula, GA | $100,001 - $250,000 | RENT | $2,501 - $5,000 | S |
| 7 acres, 8778 Skitts Mountain Road | $100,001 - $250,000 | RENT | NONE | S |
| American Washington Mutual Fund<br>Merrill Lynch, Gainesville, Georgia | $1,001 - $15,000 | INTEREST | NONE | |

# SCHEDULE III - ASSETS AND "UNE

Nam John Nathan Deal



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Davis New York Venture Mutual Fund Merrill Lynch, Gainesville Georgia | $15,001 - $50,000 | INTEREST | NONE | |
| Franklin California Growth Mutual Fund, Merrill Lynch, Gainesville, Georgia | $15,001 - $50,000 | INTEREST | NONE | |
| Goldman Sacks Growth Mutual Fund, Merrill Lynch, Gainesville, Georgia | $15,001 - $50,000 | INTEREST | NONE | |
| Ivey International Mutual Fund, Merrill Lynch, Gainesville, Georgia | $1,001 - $15,000 | INTEREST | NONE | |

# SCHEDULE III - ASSETS AND "UNE

Nam John Nathan Deal



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Kemp-Dreman High Return Mutual Fund, Merrill Lynch, Gainesville, Georgia | $15,001 - $50,000 | INTEREST | NONE | |
| | Liberty Newport Tiger Mutual Fund, Merrill Lynch, Gainesville, Georgia | $1,001 - $15,000 | INTEREST | NONE | |
| | Putnam New Opportunities Mutual Fund, Merrill Lynch, Gainesville, Georgia | $15,001 - $50,000 | INTEREST | NONE | |
| SP | Davis New York Venture Mutual Fund, Merrill Lynch, Gainesville, Georgia | $1,001 - $15,000 | INTEREST | NONE | |
| SP | Franklin California Growth Mutual Fund, Merrill Lynch, Gainesville, Georgia | $1,001 - $15,000 | INTEREST | NONE | |

# SCHEDULE III - ASSETS AND "UNE

Nam John Nathan Deal



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Goldman Sacks Growth Mutual Fund, Merrill Lynch, Gainesville, Georgia | $1,001 - $15,000 | INTEREST | NONE | |
| SP | Ivey International Mutual Fund, Merrill Lynch, Gainesville, Georgia | $1,001 - $15,000 | INTEREST | NONE | |
| SP | Kemp-Dreman High Return Mutual Fund, Merrill Lynch, Gainesville, Georgia | $1,001 - $15,000 | INTEREST | NONE | |
| SP | Money Market, Merrill Lynch, Gainesville, Georgia | $1,001 - $15,000 | INTEREST | NONE | |
| | Money Market, Merrill Lynch, Gainesville, Georgia | $15,001 - $50,000 | INTEREST | NONE | |

# SCHEDULE IV - TRANSACTIONS

Nam John Nathan Deal



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Washington Mutual Investors Fund, Inc. | S | 03-02-00 | $1,001 - $15,000 |
| JT | Putnam New Op Fund | S | 03-03-00 | $1,001 - $15,000 |
| | 3.03 Acres- Forrester Road, Lula, GA | S | 11-20-00 | $100,001 - $250,000 |
| | 1.5 acres, 8778 Skitts Mountain Road | S | 12-22-00 | $50,001 - $100,000 |

# SCHEDULE V - LIABILITIES

Nam John Nathan Deal



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Gainesville Bank and Trust, Gainesville, GA (1/2 amount reported) | business loan, property, 1602 Athens Highway, Gainesville | $100,001 - $250,000 |
| | Gainesville Bank and Trust Gainesville, GA (1/2 amount reported) | Endorser, Business loan, 1602 Athens Highway, | $50,001 - $100,000 |
| | Gainesville Bank and Trust, Gainesville, GA (1/2 amount reported) | business loan, 1602 Athens Highway | $50,001 - $100,000 |
| | Charlie Thurmond, Gainesville, GA (1/2 amount reported) | business loan, 1602 Athens Highway | $15,001 - $50,000 |
| | Gainesville Bank and Trust, Gainesville, GA (1/2 amount reported) | business loan, 1602 Athens Highway | $15,001 - $50,000 |
| | Gainesville Bank and Trust, Gainesville, GA | Mortgage on 88 acres Skitts Mountain Road | $100,001 - $250,000 |
| | Gainesville Bank and Trust, Gainesville GA | Mortgage on 6.4 acres on Skitts Mountain Road | $50,001 - $100,000 |
| | Gainesville Bank and Trust, Gainesville GA | Mortgage on 5.5 acres on Skitts Mountain Road | $50,001 - $100,000 |
| | Gainesville Bank and Trust, Gainesville, GA | Mortgage on 3.03 acres on Forrester Road | $100,001 - $250,000 |

# SCHEDULE VIII - POSITIONS

Nam John Nathan Deal



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Partner | Deal and Jarrard- real estate partnership |
| Secretary- Treasurer | Recovery Services Inc. |
| Partner | C&D Enterprises- real estate partnership |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 AM 9:30
(9)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC INSIDE MAIL
(Office Use Only)

Peter DeFazio
(Full Name)

2134 RHOB Wash DC. 20515
(Mailing Address)

225-6416
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: OR District: 04 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Peter DeFazio | 6 May 01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | U.S. GOVERNMENT | SELF SALARY | |
| | CITY OF EUGENE OR | SPOUSE SALARY | |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | none | | | |

This page may be copied if more space is required.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DeFazio | Page 4 of 9

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: | SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| SELF | FERS Deferred Comp | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| SELF | IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T Rowe Price EQ Y | | | | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Dom Int Soc Eq Fund | | | | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | PCIN STOCK | | | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SELF | Ozarks Select | | | | | X | | | | | | | | | | X | | X | | | | | | | X | | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DeFazio



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | II INTEREST | III CAPITAL GAINS | IV EXCEPTED TRUST | V QUALIFIED BLIND TRUST | VI Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SELF | OAKMARK MONEY MKT | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SELF | DOMINION RESOURCES | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SELF | DOMINION RESOURCES | | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | S |
| SELF | WATERHOUSE MONEY MKT | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SELF | DOMINI SOC EQUITY | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SELF | MAIN CELESTIAL STOCK | | | X | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | P,S |
| SP | IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | GABELLI GLOBAL TELECOM | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | E |
| | BERGER BALANCED | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | E |
| | INVESCO DYNAMICS | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | E |
| SP | DEFERRED COMP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | VALIC | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | PEBSCO → NATIONWIDE (NAME CHANGE) | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name DeFazio



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| SELF | HAIN CELESTIAL COMMON STOCK | X | | | 6/7 | X | | | | | | | | | |
| SELF | " " " " | | X | | 6/30 | X | | | | | | | | | |
| SELF | " " " " | X | | | 1/6 | X | | | | | | | | | |
| SELF | " " " " | | X | | 3/2 | X | | | | | | | | | |
| SELF | " " " " | X | | | 5/12 | X | | | | | | | | | |
| SELF | " " " " | | X | | 5/30 | X | | | | | | | | | |
| SELF | PCLN " " | X | | | 3/2 | X | | | | | | | | | |
| SELF | PCLN " " | | X | | 4/7 | X | | | | | | | | | |
| SELF | PCLN " " | X | | | 6/12 | X | | | | | | | | | |
| SELF | PCLN " " | | X | | 12/22 | X | | | | | | | | | |
| SELF | DOMINION RESOURCES " " | | X | | 1/31 | X | | | | | | | | | |
| SELF | OAKMARK SMALL CAP FUND | | X | X | 3/10 | X | | | | | | | | | |
| SELF | OAKMARK SELECT | X | | X | 3/10 | X | | | | | | | | | |
| SP | VANGUARD WINDSOR → GABELLI GLOBAL T | | | X | 3/23 | X | | | | | | | | | |
| SP | T. ROWE PRICE EQ T → BERGER BALANCED | | | X | 3/23 | X | | | | | | | | | |
| SP | FIDELITY ASST MAG. → INVESCO DYNAMICS | | | X | 3/23 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | COUNTRYWIDE FUNDING | ½ INTEREST MORTGAGE | X | | | | | | | | | |
| | | 53880 PINE GROVE RD | | | | | | | | | | |
| | | LaPINE OR | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| NONE | | N/A |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Association of American Railroads | 1/21-24 | Eugene OR-Palm Springs-DC | Y | Y | Y | N |
| | Alaska Rainforest Campaign | 8/11-17 | Eugene OR-Alaska-Eugene OR | Y | Y | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | NONE |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |



**Use additional sheets if more space is required.**

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# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



Diana Louise DeGette
(Full Name)

1530 Longworth HOB Washington, DC 20515
(Mailing Address)

202-225-4431
Daytime Telephone:

(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: CO District: 01 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Diana L. DeGette | 5-15-01 |

# SCHEDULE I - EARNED INCOME

| Name | Diana Louise DeGette | Page 2 of 10 |
|---|---|---|

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| McKenna & Cuneo, L.L.P. | Spouse share of partnership income | N/A |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | 290 Elm St. Denver, Colorado | $500,001 - $1,000,000 | RENT | $1,001 - $2,500 | N/A |
| JT | Wells Fargo Bank West, N.A. | $1,001 - $15,000 | INTEREST | $1 - $200 | N/A |
| JT | Fidelity Cash Reserves | $1,001 - $15,000 | INTEREST | $1 - $200 | N/A |
| SP | Fidelity Aggressive Growth (IRA) | $1,001 - $15,000 | CAPITAL GAINS | $201 - $1,000 | P |
| SP | Fidelity Magellan Fund (IRA) | $1,001 - $15,000 | CAPITAL GAINS | $201 - $1,000 | P |
| SP | Fidelity Growth Company (IRA) | $1,001 - $15,000 | CAPITAL GAINS | $201 - $1,000 | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Public Employees Retirement Association | $1,001 - $15,000 | INTEREST | $1 - $200 | N/A |
| SP | Boeing Co. Common Stock (IRA) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| SP | Walt Disney Co. Common Stock (IRA) | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | N/A |
| SP | Proctor & Gamble Co. Common Stock (IRA) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| SP | Fidelity Growth Company (IRA) | $15,001 - $50,000 | CAPITAL GAINS | $2,501 - $5,000 | P |
| SP | Fidelity Growth & Income (IRA) | $1,001 - $15,000 | CAPITAL GAINS | $201 - $1,000 | P |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Fidelity Magellan Fund (IRA) | $1,001 - $15,000 | CAPITAL GAINS | $1 - $200 | P |
| SP | Fidelity Select Electronics (IRA) | $1,001 - $15,000 | CAPITAL GAINS | $1,001 - $2,500 | P |
| SP | Fidelity Select Technology (IRA) | $15,001 - $50,000 | CAPITAL GAINS | $2,501 - $5,000 | P |
| SP | Fidelity Aggressive Growth (IRA) | $15,001 - $50,000 | CAPITAL GAINS | $2,501 - $5,000 | P |
| SP | McKenna & Cuneo, L.L.P. 401(K) Profit Sharing and Deferred Compensation Plan | $15,001 - $50,000 | N/A | N/A | P |

## SCHEDULE IV - TRANSACTIONS

Name Diana Louise DeGette



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Fidelity Magellan Fund (IRA) | S | 03-13-00 | $1,001 - $15,000 |
| | Fidelity Growth Company (IRA) | P | 03-13-00 | $1,001 - $15,000 |
| | Venator Group Inc. Common Stock (IRA) | S | 03-13-00 | $1,001 - $15,000 |
| SP | Fidelity Growth Company (IRA) | P | 03-13-00 | $50,001 - $100,000 |
| SP | Fidelity Growth & Income (IRA) | P | 03-13-00 | $50,001 - $100,000 |
| SP | Fidelity Magellan Fund (IRA) | S | 03-13-00 | $15,001 - $50,000 |
| SP | Fidelity Select Technology (IRA) | P | 03-13-00 | $15,001 - $50,000 |
| | Fidelity Aggressive Growth (IRA) | P | 03-13-00 | $1,001 - $15,000 |
| SP | Boeing Co. Common Stock (IRA) | P | 03-13-00 | $1,001 - $15,000 |
| SP | Diagnostic Prod. Corp. Common Stock | S | 03-13-00 | $1,001 - $15,000 |
| SP | Morrison Knudsen Corp. Common Stock | S | 03-13-00 | $1,001 - $15,000 |
| SP | Proctor & Gamble Co. Common Stock | P | 03-13-00 | $1,001 - $15,000 |

## SCHEDULE IV - TRANSACTIONS

Name Diana Louise DeGette



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | Fidelity Magellan Fund (IRA) | S | 03-14-00 | $15,001 - $50,000 |
| SP | Fidelity Select Electronics (IRA) | P | 03-14-00 | $1,001 - $15,000 |
| SP | Fidelity Aggressive Growth (IRA) | P | 03-14-00 | $15,001 - $50,000 |
| SP | Fidelity Select Technology (IRA) | P | 12-08-00 | $1,001 - $15,000 |
| SP | Fidelity Select Electronics (IRA) | P | 12-15-00 | $1,001 - $15,000 |
| SP | Fidelity Aggressive Growth (IRA) | P | 12-22-00 | $1,001 - $15,000 |
| SP | Fidelity Growth Company (IRA) | P | 12-22-00 | $1,001 - $15,000 |

## SCHEDULE V - LIABILITIES

Name Diana Louise DeGette



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| JT | GE Capital Mortgage | Mortgage on Rental Property | $250,001 - $500,000 |
| JT | Wells Fargo Home Mortgage | Mortgage on Rental Property | $100,001 - $250,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Diana Louise DeGette



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Aspen Institute | Jan. 13-16 | Wash., D.C.--Fort Myers--Wash., D.C. | Y | Y | Y | N/A |
| Women's Caucus Conference on Women's Health | Feb.17-18 | Wash., D.C.--New York--Wash., D.C. | Y | Y | N | N/A |
| New York University | May 19-20 | Wash., D.C.--New York--Wash., D.C. | Y | Y | N | N/A |
| Aspen Institute | Aug. 20-30 | Denver--Prague--Denver | Y | Y | Y | 5 Days |

## SCHEDULE VIII - POSITIONS

Name Diana Louise DeGette



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Circuit Secretary | New York University School of Law |

# UNITED STATES HOUSE OF REPRESENTATIVES
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



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HOUSE OF REPRESENTATIVES

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William D. Delahunt
(Full Name)

1317 Longworth House Office Building Washington, DC 20515
(Mailing Address)

202-225-3111
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: MA District: 10 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | William D. Delahunt | May 15, 2001 |

# SCHEDULE I - EARNED INCOME

Nam William D. Delahunt



**List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.**

| Source | Type | Amount |
|---|---|---|
| Commonwealth of Massachusetts Retirement System | Pension | $54,207.72 |

# SCHEDULE III - ASSETS AND "UNE

Nam William D. Delahunt



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Commonwealth of Massachusetts Deferred Compensation Plan | $250,001 - $500,000 | Interest | $15,001 - $50,000 | |
| JT | Janus Global Life Mutual Fund | $10,000 - $20,000 | | $10,000 - $20,000 | |
| JT | Janus Special Situation Fund | $5,000 - $10,000 | | $5,000 - $10,000 | |
| | Citizens Bank, Quincy MA | $20,000 - $25,000 | Interest | $1,001 - $2,500 | |

# SCHEDULE VII - TRAVEL PAYMENTS AN

Nam William D. Delahunt



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Retailors Association of Massachusetts | July 15 | Quincy, MA -- Martha's Vineyard -- Quincy, MA | Y | Y | N | n/a |

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HOUSE OF REPRESENTATIVES

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# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



Lloyd Doggett
(Full Name)

1200 Baylor, #401 Austin, TX 78703
(Mailing Address)

202-225-4865
Daytime Telephone:

**Filer Status** ☑ Member of the U.S. House of Representatives — State: TX District: 10 ☐ Officer Or Employee — Employing Office:

**Report Type** ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Lloyd Doggett | May 14, 2001 |

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# SCHEDULE I - EARNED INCOME

Na Lloyd Doggett



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| U.S. Department of Education | Spouse Salary (1999 Leave Only) | N/A |
| Texas ERS | Annuity | $33,752 |
| National Head Start Association | Spouse Salary | N/A |

# SCHEDULE III - ASSETS AND "U

Na Lloyd Doggett



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property o land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| 220 N. Mesa, El Paso, TX (1/12 interest) | $15,001 - $50,000 | Rent | $1,001 - $2,500 | |
| 711 N. Piedras, El Paso, TX (1/12 interest) | $1,001 - $15,000 | Rent | $201 - $1,000 | |
| Mineral Interest, McFarland Tract, Ward Co., TX | $1,001 - $15,000 | Royalty | $201 - $1,000 | |
| Don Elliot, 6734 Spicewood Springs | $500,001 - $1,000,000 | Rent | $15,001 - $50,000 | |
| Estate of Bates Belk | Unknown | Interest, Dividends, Rent | $15,001 - $50,000 | |
| Call Merck & Co | None | Option Contract Price | $1,001 - $2,500 | |

# SCHEDULE III - ASSETS AND "U

Na Lloyd Doggett



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| Call MCI Worldcom | None | Option Contract Price | $201 - $1,000 | |
| Call Micron Tech Inc | None | Option Contract Price | $2,501 - $5,000 | |
| Great Hall Money Market Shares | None | Dividends | $2,501 - $5,000 | PS |
| Nuveen Bond Fund Shares | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| Invesco Small Co. Growth | $100,001 - $250,000 | Dividends | $5,001 - $15,000 | P |
| Janus Twenty Fund Shares | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | P |

# SCHEDULE III - ASSETS AND "U

Na Lloyd Doggett



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Price Science and Tech Shares | $250,001 - $500,000 | Dividends | $50,001 - $100,000 | P |
| Oakmark, Int. Shares | $250,001 - $500,000 | Dividends | $15,001 - $50,000 | P |
| Vanguard Selected Value | $100,001 - $250,000 | | | P |
| Vanguard Tax Exempt MM Fund (Formerly Reported as "Vanguard Municipal Bond Fund MM") | $50,001 - $100,000 | Dividends | $1,001 - $2,500 | PS |
| Charles Schwab Tax Exempt MM | $500,001 - $1,000,000 | Dividends | $15,001 - $50,000 | P |
| Heartland Value Plus Shares | None | Dividends | $2,501 - $5,000 | PS |

# SCHEDULE III - ASSETS AND "U

Na Lloyd Doggett



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| Selected American Shares | $100,001 - $250,000 | Dividends | $2,501 - $5,000 | P |
| Vanguard Primecap Shares | $250,001 - $500,000 | Dividends | $15,001 - $50,000 | P |
| Mutual of America 403B | None | | | Closed Account |
| Janus Overseas | $50,001 - $100,000 | Dividends | $5,001 - $15,000 | P |
| Invesco Balanced Fund | $100,001 - $250,000 | Dividends | $5,001 - $15,000 | P |
| Warburg Pincus Cap Apprec Fund | $100,001 - $250,000 | Dividends | $15,001 - $50,000 | P |

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# SCHEDULE III - ASSETS AND "U



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | American Century 20th Ultra Shares | $100,001 - $250,000 | Dividends | $5,001 - $15,000 | P |
| | Franklin Mutual Shares Fund | $100,001 - $250,000 | Dividends | $15,001 - $50,000 | P |
| | Vanguard Convertible Shares | $500,001 - $1,000,000 | Dividends | $15,001 - $50,000 | S |
| | Vanguard FIS LT Corp Shares | $500,001 - $1,000,000 | Dividends | $15,001 - $50,000 | P |
| | Vanguard US Growth Shares | $500,001 - $1,000,000 | Dividends | $100,001 - $1,000,000 | P |
| | Oppenheimer Multisector Shares | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | |

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Na Lloyd Doggett



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|---|---|---|---|---|
| Vanguard Growth Index Fund | $100,001 - $250,000 | Dividends | $201 - $1,000 | P |
| Vantobel US Valuefund | $250,001 - $500,000 | | | P |
| Weitz Value Fund | $100,001 - $250,000 | Dividends | $5,001 - $15,000 | P |
| Compass Bank | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| Congressional Federal Credit Union | $50,001 - $100,000 | Interest | $2,501 - $5,000 | |
| Guarantee Federal Savings, Austin | None | Interest | $201 - $1,000 | Closed Account |

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|---|---|---|---|---|---|
| | TIAA-CREF Retirement | $1,001 - $15,000 | Interest | $1 - $200 | |
| | AT&T Corp | $15,001 - $50,000 | Dividends | $201 - $1,000 | P |
| | Honeywell Int (was Allied Signal) | None | Dividends | $201 - $1,000 | S |
| | Bank One Corp | None | | $201 - $1,000 | S |
| | Burlington Nthn Sante Fe | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| | Broadwing (was IXC Communications) | $15,001 - $50,000 | Dividends | NONE | |

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|---|---|---|---|---|
| Chevron Corporation | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| Coca Cola Company | $50,001 - $100,000 | Dividends | $201 - $1,000 | |
| E E X Corporation | $1,001 - $15,000 | | NONE | |
| Edwards A G Inc Holding | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| El Paso Electric Co | None | Dividends | $201 - $1,000 | Gifted to Charity |
| Electronic Data Sys Corp | $1,001 - $15,000 | Dividends | $1 - $200 | S |

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|---|---|---|---|---|---|
| Exxon Mobile Corporation | $50,001 - $100,000 | Dividends | $1,001 - $2,500 | P |
| Verizon (was GTE) | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| General Motors Corp | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| General Mtrs CP CL H New | $1,001 - $15,000 | | NONE | |
| International Paper Co | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| Intl Business Machines | $100,001 - $250,000 | Dividends | $201 - $1,000 | |

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|---|---|---|---|---|
| Johnson & Johnson | $15,001 - $50,000 | Dividends | $201 - $1,000 | P |
| K Mart Corporation | None | | NONE | S |
| Delphi Automotive | None | Dividends | $1 - $200 | Gifted to Charity |
| Lucent Technologies Inc | $15,001 - $50,000 | Dividends | $1 - $200 | P |
| Merck & Co Inc | $100,001 - $250,000 | Dividends | $1,001 - $2,500 | PS |
| Newmont Mining Corp | $1,001 - $15,000 | Dividends | NONE | |

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|---|---|---|---|---|---|
| NCR Corp New | $1,001 - $15,000 | Dividends | NONE | |
| Royal Dutch Guilderf | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| PPG Industries Inc | $15,001 - $50,000 | Dividends | $1,001 - $2,500 | |
| Nabors Industries Inc. | None | | | S |
| Raytheon Co New Cl A | $1,001 - $15,000 | Dividends | $1 - $200 | |
| SBC Communications Inc | $15,001 - $50,000 | Dividends | $201 - $1,000 | P |

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|---|---|---|---|---|
| TXU | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| Waste Management Inc | $15,001 - $50,000 | Dividends | $1 - $200 | |
| Whole Foods Inc Mkt Inc | $100,001 - $250,000 | | NONE | S |
| Alcatel | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| Associates First Cap | None | Dividends | $1 - $200 | S |
| Barrett Resources Corp | None | | | S |

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|---|---|---|---|---|---|
| | Boeing Co | None | Dividends | $1 - $200 | S |
| | Cisco Systems | $15,001 - $50,000 | | | PS |
| | Cross Timbers Oil Co | None | Dividends | $1 - $200 | Gifted to Charity |
| | Disney Walt | None | | | S |
| | Fedl Home Loan Mtg Corp | None | Dividends | $201 - $1,000 | S |
| | Intel Corp | $15,001 - $50,000 | Dividends | $1 - $200 | PS |

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|---|---|---|---|---|
| Micron Technology | None | | | S |
| Noble Drilling Corp | None | | NONE | S |
| Oracle Corp | $15,001 - $50,000 | | | PS |
| Schlotzskys Inc | $15,001 - $50,000 | | | |
| El Paso Corp. | $15,001 - $50,000 | Dividends | $201 - $1,000 | |
| TCF Financial Corp | None | Dividends | $201 - $1,000 | S |

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|---|---|---|---|---|---|
| | Tidewater Inc | None | Dividends | $201 - $1,000 | S |
| | Transocean Sedco Forex Inc | None | | | S |
| | Xerox Corp | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| | Guidant Corp | None | | | S |
| | ADC Telecommunications Inc | None | | | S |
| | Citigroup Inc | $15,001 - $50,000 | Dividends | $1 - $200 | PS |

# SCHEDULE III - ASSETS AND "U

Na Lloyd Doggett



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Cypress-Frbnks TX Indep School District Due 2/15/06 | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | Fort Bend TX Indep School District Due 2/15/03 | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | Houston TX Indep School District Due 8/15/11 | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | Lewisville TX Indep School District Due 8/15/07 | $15,001 - $50,000 | | NONE | |
| | INSD MUN INCM TR SR 86 Semi Annual | $1,001 - $15,000 | | NONE | |
| | TX INSD MUNI INCM TR SER 31 | $1,001 - $15,000 | Dividends | $1 - $200 | |

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# SCHEDULE III - ASSETS AND "U

Na Lloyd Doggett



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|---|---|---|---|---|---|
| | New Urban Partners Ltd | None | | | Closed Account |
| | Janus Fund | $100,001 - $250,000 | Dividends | $15,001 - $50,000 | P |
| | EMC Corporation | None | | | S |
| | Lexmark Intl Group | None | | | S |
| | MBNA Corp | $15,001 - $50,000 | Dividends | $1 - $200 | |
| | Williams Companies | $15,001 - $50,000 | Dividends | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "U

Na Lloyd Doggett



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| Worldcom | $1,001 - $15,000 | | | |
| Pfizer Inc | $15,001 - $50,000 | Dividends | $201 - $1,000 | P |
| Schlumberger Ltd | None | | | S |
| Vanguard Total Stock Market Ind. Fund | $100,001 - $250,000 | Dividends | $2,501 - $5,000 | P |
| Saegert, Angenend, & Augustine PC (Trust Account) | $5,001-$15,000 | Interest | $201 - $1,000 | |
| Allmerica Financial Life | $50,001 - $100,000 | Interest | $1,001 - $2,500 | Life Insurance Proceeds |

# SCHEDULE III - ASSETS AND "U

Na Lloyd Doggett



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|---|---|---|---|---|
| America Online | $15,001 - $50,000 | | | P |
| Applied Materials | $15,001 - $50,000 | | | P |
| Atmel Corp | $15,001 - $50,000 | | | P |
| Chase Manhattan | $50,001 - $100,000 | | $1,001 - $2,500 | P |
| Dell Computer | $1,001 - $15,000 | | | P |
| Doubleclick | $1,001 - $15,000 | | | P |

# SCHEDULE III - ASSETS AND "U

Na Lloyd Doggett



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|---|---|---|---|---|
| General Electric | $15,001 - $50,000 | Dividends | $201 - $1,000 | P |
| Home Depot Inc | $50,001 - $100,000 | Dividends | $201 - $1,000 | P |
| JDS Uniphase | $15,001 - $50,000 | | | P |
| Luminex | $50,001 - $100,000 | | | P |
| Proctor & Gamble | $50,001 - $100,000 | | $201 - $1,000 | P |
| Lohman's Ford Crossing Rd., Travis Co., TX | $15,001 - $50,000 | | NONE | |

# SCHEDULE III - ASSETS AND "U

Na Lloyd Doggett



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|---|---|---|---|---|
| 1510 Ullrich, Austin, TX (1/4) | $15,001 - $50,000 | Rent | $1,001 - $2,500 | |
| 508 Gatetree, Austin, TX (1/4) | None | Rent | $201 - $1,000 | S |
| 3800 Kennelwood, Austin, TX | $100,001 - $250,000 | | NONE | |
| 21.12 Acres, Northern Dona Ana Cty., NM (1/24 interest) | $1,001 - $15,000 | Rent | $1 - $200 | |
| Nokia Corp Sponsored ADR | $50,001 - $100,000 | | $201 - $1,000 | P |
| Novellus System Inc | $15,001 - $50,000 | | | P |

# SCHEDULE III - ASSETS AND "U



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|---|---|---|---|---|---|
| | Texaco Inc | $1 - $1,000 | | $1 - $200 | P |
| | Texas Instruments | $50,001 - $100,000 | | $1 - $200 | P |
| | Verizon Communications | $15,001 - $50,000 | | $1 - $200 | |

# SCHEDULE IV - TRANSACTIONS

Na Lloyd Doggett



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Call Michron Tech Inc | S | 01-21-00 | $1,001 - $15,000 |
| | ADC Telecommunications | S | 02-22-00 | $15,001 - $50,000 |
| | Associates First Cap | S | 02-27-00 | $15,001 - $50,000 |
| | Honeywell Int | S | 08-11-00 | $15,001 - $50,000 |
| | Bank One | S | 08-21-00 | $15,001 - $50,000 |
| | Barrett Resources | S | 08-28-00 | $15,001 - $50,000 |
| | Cisco Sys | S | 01-24-00 | $15,001 - $50,000 |
| | Cisco Sys | P | 09-25-00 | $15,001 - $50,000 |
| | Citigroup | P | 10-18-00, 10-23-00 | $15,001 - $50,000 |
| | Citigroup | S | 06-16-00 | $15,001 - $50,000 |
| | E M C Corp | S | 01-24-00 | $15,001 - $50,000 |
| | Boeing | S | 07-24-00 | $15,001 - $50,000 |

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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Guidant Group | S | 04-24-00 | $15,001 - $50,000 |
| | Disney, Walt | S | 07-20-00 | $15,001 - $50,000 |
| | Fed Home Loan Mtg Corp. | S | 12-13-00 | $50,001 - $100,000 |
| | Intel Corp | S | 04-24-00 | $15,001 - $50,000 |
| | Intel Corp | P | 09-28-00, 09-29-00, 10-06-00 | $15,001 - $50,000 |
| | Intel Corp | P | 10-02-00 | $15,001 - $50,000 |
| | Lexmark Intl Group Inc | S | 04-24-00 | $15,001 - $50,000 |
| | Micron Tech | S | 04-24-00 | $15,001 - $50,000 |
| | Oracle | S | 01-24-00 | $15,001 - $50,000 |
| | Merck & Co Inc | S | 12-13-00 | $15,001 - $50,000 |
| | Nabors Ind. | S | 08-08-00 | $1,001 - $15,000 |
| | Pfizer Inc. | P | 05-04-00 | $15,001 - $50,000 |

# SCHEDULE IV - TRANSACTIONS

Na Lloyd Doggett



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Proctor & Gamble | P | 05-01-00, 09-26-00 | $15,001 - $50,000 |
| | Schlumberger Ltd | S | 02-22-00 | $15,001 - $50,000 |
| | Transocean Sedco | S | 02-22-00 | $1,001 - $15,000 |
| | Texas Instruments | P | 07-10-00, 8-18-00 | $15,001 - $50,000 |
| | Texas Instruments | P | 09-01-00, 10-16-00 | $15,001 - $50,000 |
| | K Mart | S | 12-29-00 | $1,001 - $15,000 |
| | Great Hall Money Market Shares | P | Dividends Reinvestment | $1,001 - $15,000 |
| | Great Hall Money Market Shares (*Closed) | * | 04-28-00 | $100,001 - $250,000 |
| | Noble Drilling | S | 07-10-00 | $15,001 - $50,000 |
| | Noble Drilling | S | 07-19-00 | $15,001 - $50,000 |
| | TCF Financial | S | 08-14-00 | $15,001 - $50,000 |
| | Tidewater | S | 07-07-00 | $15,001 - $50,000 |

# SCHEDULE IV - TRANSACTIONS

Na Lloyd Doggett



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Whole Foods | S | 12-13-00 | $15,001 - $50,000 |
| | Invesco Small Co. Growth | P | Dividends Reinvestment | $5,001-$15,000 |
| | Price Science and Tech Shares | P | Dividend Reinvestment | $50,001 - $100,000 |
| | Oakmark, Int Shares | P | Dividends Reinvestment | $15,001 - $50,000 |
| | Vanguard Convertible (Formerly Listed as "Vanguard International Value") | S | 12-20-00 | $50,001 - $100,000 |
| | Vanguard Tax Exempt MM Fund (Formerly Listed as "Vanguard Municipal Bond Fund MM") | P | 12-20-00 | $50,001 - $100,000 |
| | Vanguard Tax Exempt MM Fund | S | 01-05-00 | $15,001 - $50,000 |
| | Vanguard Tax Exempt MM Fund | S | 02-14-00 | $50,001 - $100,000 |
| | Vangaurd Tax Exempt MM Fund | S | 04-17-00 | $50,001 - $100,000 |
| | Charles Schwab Tax Exempt MM | P | Dividends Reinvestment | $15,001 - $50,000 |
| | Heartland Value Plus Shares | P | Dividends Reinvestment | $1,001 - $15,000 |
| | Heartland Value Plus Shares | S | 12-11-00 | $100,001 - $250,000 |

# SCHEDULE IV - TRANSACTIONS

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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Heartland Value Plus Shares | S | 07-10-00 | $50,001 - $100,000 |
| | Selected American Shares | P | Dividends Reinvestment | $1,001 - $15,000 |
| | Vanguard Primecap Shares | P | Dividends Reinvestment | $15,001 - $50,000 |
| | Vanguard Primecap Shares | P | 02-28-00 | $15,001 - $50,000 |
| | Vanguard Primecap Shares | P | 04-17-00 | $15,001 - $50,000 |
| | Invesco Balanced Fund | P | Dividends Reinvestment | $1,001 - $15,000 |
| | Janus Fund | P | Dividends Reinvestment | $15,001 - $50,000 |
| | Electronic Data Systems | S | 01-24-00 | $15,001 - $50,000 |
| | Janus Fund | P | 04-17-00 | $15,001 - $50,000 |
| | Selected American Shares | P | Dividends Reinvestment | $1,001 - $15,000 |
| | Vanguard Total Stock Market Ind. Fund | P | 01-05-00 | $15,001 - $50,000 |
| | Vanguard Total Stock Market Ind. Fund | P | 02-14-00 | $15,001 - $50,000 |

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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Vanguard Total Stock Market Ind. Fund | P | 04-17-00 | $15,001 - $50,000 |
| | Vanguard Growth Index Fund | P | 01-05-00 | $15,001 - $50,000 |
| | Vanguard Growth Index Fund | P | 02-14-00 | $15,001 - $50,000 |
| | Vantoble US Value | P | 11-28-00 | $50,001 - $100,000 |
| | Vantoble US Value | P | 12-11-00 | $100,001 - $250,000 |
| | Vantoble US Value | P | 12-14-00 | $15,001 - $50,000 |
| | Janus Overseas | P | Dividends Reinvestment | $1,001 - $15,000 |
| | Janus Twenty Fund Shares | P | Dividends Reinvestment | $1,001 - $15,000 |
| | Janus Twenty Fund Shares | P | 04-17-00 | $1,001 - $15,000 |
| | Call Merck & Co | S | 01-24-00 | $1,001 - $15,000 |
| | America Online Inc | P | 05-01-00 | $1,001 - $15,000 |
| | America Online Inc | P | 05-01-00 | $1,001 - $15,000 |

# SCHEDULE IV - TRANSACTIONS

Na Lloyd Doggett



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | America Online Inc | P | 07-26-00 | $15,001 - $50,000 |
| | America Online Inc | P | 08-04-00 | $15,001 - $50,000 |
| | Applied Materials Inc | P | 04-24-00 | $15,001 - $50,000 |
| | Applied Materials Inc | P | 09-26-00 | $1,001 - $15,000 |
| | Applied Materials Inc | P | 09-26-00 | $1,001 - $15,000 |
| | Applied Materials Inc | P | 09-29-00 | $15,001 - $50,000 |
| | Atmel Corp | P | 09-27-00 | $1,001 - $15,000 |
| | Atmel Corp | P | 09-27-00 | $15,001 - $50,000 |
| | Atmel Corp | P | 10-06-00 | $1,001 - $15,000 |
| | Atmel Corp | P | 10-06-00 | $15,001 - $50,000 |
| | Chase Manhattan Corp Com New | P | 09-28-00 | $15,001 - $50,000 |
| | Chase Manhattan Corp Com New | P | 10-03-00 | $15,001 - $50,000 |

# SCHEDULE IV - TRANSACTIONS

Na Lloyd Doggett



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Chase Manhattan Corp Com New | P | 10-13-00 | $15,001 - $50,000 |
| | Dell Computer Corp | P | 05-04-00 | $15,001 - $50,000 |
| | Doubleclick Inc Com | P | 07-28-00 | $1,001 - $15,000 |
| | Doubleclick Inc Com | P | 07-28-00 | $1,001 - $15,000 |
| | Doubleclick Inc Com | P | 09-13-00 | $1,001 - $15,000 |
| | Doubleclick Inc Com | P | 09-13-00 | $1,001 - $15,000 |
| | General Electric Co Com | P | 07-25-00 | $15,001 - $50,000 |
| | General Electric Co Com | P | 08-15-00 | $1,001 - $15,000 |
| | General Electric Co Com | P | 08-15-00 | $1,001 - $15,000 |
| | General Electric Co Com | P | 09-15-00 | $15,001 - $50,000 |
| | Home Depot Inc | P | 07-25-00 | $15,001 - $50,000 |
| | Home Depot Inc | P | 07-31-00 | $15,001 - $50,000 |

# SCHEDULE IV - TRANSACTIONS

Na Lloyd Doggett



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Home Depot Inc | P | 08-15-00 | $1,001 - $15,000 |
| | Home Depot Inc | P | 10-17-00 | $15,001 - $50,000 |
| | JDS Uniphase Corp | P | 10-02-00 | $15,001 - $50,000 |
| | JDS Uniphase Corp | P | 10-02-00 | $1,001 - $15,000 |
| | JDS Uniphase Corp | P | 10-25-00 | $15,001 - $50,000 |
| | Johnson & Johnson | P | 09-13-00 | $15,001 - $50,000 |
| | Lucent Technologies Inc Com | P | 10-31-00 | $15,001 - $50,000 |
| | Luminex Corp Com New | P | 03-30-00 | $15,001 - $50,000 |
| | Luminex Corp Com New | P | 12-21-00 | $1,001 - $15,000 |
| | Luminex Corp Com New | P | 12-21-00 | $1,001 - $15,000 |
| | Luminex Corp Com New | P | 12-21-00 | $1,001 - $15,000 |
| | Nokia Corp Sponsored ADR | P | 07-28-00 | $15,001 - $50,000 |

# SCHEDULE IV - TRANSACTIONS



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Nokia Corp Sponsored ADR | P | 08-15-00 | $1,001 - $15,000 |
| | Nokia Corp Sponsored ADR | P | 08-28-00 | $1,001 - $15,000 |
| | Nokia Corp Sponsored ADR | P | 10-13-00 | $15,001 - $50,000 |
| | Novellus System Inc | P | 12-11-00 | $15,001 - $50,000 |
| | Call Citigroup | S | 01-21-00 | $1,001 - $15,000 |
| | Vanguard Growth Index Fund | P | 04-17-00 | $15,001 - $50,000 |
| | Warburg Pincus Cap Apprec Fund | P | Dividends Reinvestment | $15,001 - $50,000 |
| | Warburg Pincus Cap Apprec Fund | P | 07-11-00 | $50,001 - $100,000 |
| | Warburg Pincus Cap Apprec Fund | P | 08-19-00 | $1,001 - $15,000 |
| | American Century 20th Ultra Shares | P | Dividends Reinvestment | $1,001 - $15,000 |
| | Franklin Mutual Shares Fund | P | Dividends Reinvestment | $15,001 - $50,000 |
| | Vanguard Convertible Shares | P | Dividends Reinvestment | $15,001 - $50,000 |

# SCHEDULE IV - TRANSACTIONS

Na Lloyd Doggett



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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Vanguard US Growth Funds | P | Dividends Reinvestment | $100,001 - $250,000 |
| | Exxon Mobile Corporation | P | Dividends Reinvestment | $1,001 - $15,000 |
| | Weitz Value Fund | P | Dividends Reinvestment | $1,001 - $15,000 |
| | Weitz Value Fund | P | 12-11-00 | $50,001 - $100,000 |
| | Weitz Value Fund | P | 01-19-00 | $50,001 - $100,000 |
| | Weitz Value Fund | P | 12-11-00 | $50,001 - $100,000 |
| | Vanguard Growth Index Fund | P | Dividends Reinvestment | $15,001 - $50,000 |
| | Vanguard Selected Value | P | 12-11-00 | $15,001 - $50,000 |
| | Vanguard Selected Value | P | 12-20-00 | $15,001 - $50,000 |
| | 508 Gatetree, Austin, TX (1/4) | S | 09-15-00 | $15,001 - $50,000 |
| | AT&T Corp | P | Dividends Reinvestment | $201 - $1000 |

# SCHEDULE V - LIABILITIES

Na Lloyd Doggett



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Regions Mortgage Inc., Birmingham, Al (1/4) (assumed Simmons Bank Mortgage) | Mortgage on 1510 Ullrich, Austin, TX | $15,001 - $50,000 |

# SCHEDULE VII - TRAVEL PAYMENTS

Na Lloyd Doggett



**Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.**

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| The Aspen Institute | August 17 - September 3, 2000 | Washington, D.C. -- Zurich, Switzerland --Prague, Czech Republic --Kiev, Ukraine -- Washington, D.C. | Y | Y | Y | 13 Days |
| The Aspen Institute | May 26 - June 4, 2000 | Washington, D.C. -- Vancouver, British Colombia, Canada -- Washington, D.C. | Y | Y | Y | 4 Days |

# SCHEDULE VIII - POSITIONS



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | Perlmutter, Marston, Jacks & Doggett<br>(Owns 1510 Ullrich, Austin) |

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



HAND DELIVERED

(12)

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:32
U.S. HOUSE OF REPRESENTATIVES

MC

(Office Use Only)

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

Cal Dooley
(Full Name)

U.S. House of Representatives 1201 Longworth HOB Washington, DC 20016
(Mailing Address)

202/225-3341
Daytime Telephone:

| Filer Status | ☑ Member of the U.S. House of Representatives | State: CA District: 20 | ☐ Officer Or Employee | Employing Office |
|---|---|---|---|---|
| Report Type | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| Trusts- | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | Cal Dooley | 5/15/01 |

## SCHEDULE I - EARNED INCOME

Name Cal Dooley



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Bryce Harlow Foundation | Spouse Salary | NA |
| Hayes & Associates | Spouse Salary | NA |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Cal Dooley



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Dooley Farms Partnership (inc. Equipment, crops, leased improvements in Visalia and Tulare | $250,001 - $500,000 | Farm income $50,001-$100,000 (net); $100,001-$1,000,000 (gross) | see previous box | |
| | 1/3 interest in 60 acres, Webb Ranch & McAuliffe | $250,001 - $500,000 | CAPITAL GAINS | NONE | |
| | Congressional Federal Credit Union | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| | CalCot Limited | $1,001 - $15,000 | Combined with farm income, listed above | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Cal Dooley



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $6,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| County Line Gin | $1,001 - $15,000 | Combined with farm income, listed above | NONE | |
| Diamond Walnut | $1,001 - $15,000 | Combined with farm income, listed above | NONE | |
| Packwood RE Partnership (25% share), 24 acres at Feemstra & McAuliffe | $100,001 - $250,000 | Partnership income | $5,001 - $15,000 | |
| American Funds: The Investment Co. Of America | $15,001 - $50,000 | CAPITAL GAINS and DIVIDENDS | $1,001 - $2,500 | |
| American Funds: The New Economy Fund | $15,001 - $50,000 | CAPITAL GAINS and DIVIDENDS | $1,001 - $2,500 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Cal Dooley



| BLOCK A<br>Asset and/or Income Source<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>Year-End Value of Asset<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>Type of Income<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>Amount of Income<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>Transaction<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | American Funds: New Perspective Fund | $15,001 - $50,000 | CAPITAL GAINS and DIVIDENDS | $1,001 - $2,500 | |
| | American Funds: Washington Mutual Investors Fund | $15,001 - $50,000 | CAPITAL GAINS and DIVIDENDS | $1,001 - $2,500 | |
| | American Funds: Europacific Growth Funds | $15,001 - $50,000 | CAPITAL GAINS and DIVIDENDS | $1,001 - $2,500 | |
| | Packwood RE Partnership (loan) | $100,001 - $250,000 | Loan repayment | $100,001 - $1,000,000 | Loan repayment |
| | Schwab-Money Market | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | |
| | Schwab-S&P 500 | $50,001 - $100,000 | CAPITAL GAINS and DIVIDENDS | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Cal Dooley



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Schwab-1000 Fund | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| | Schwab-MM Smallcap | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| | Invesco Latin America | $1,001 - $15,000 | CAPITAL GAINS and DIVIDENDS | $2,501 - $5,000 | S |
| | Robt. Stephens Info. Age | $15,001 - $50,000 | CAPITAL GAINS and DIVIDENDS | $2,501 - $5,000 | |
| | Scudder Latin America | $1,001 - $15,000 | CAPITAL GAINS and DIVIDENDS | $201 - $1,000 | |
| | At Home | $1,001 - $15,000 | | NONE | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Cal Dooley



| | BLOCK A<br>Asset and/or Income Source<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>Year-End Value of Asset<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>Type of Income<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>Amount of Income<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>Transaction<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Checkfree | $15,001 - $50,000 | | NONE | P |
| | Ebay | $1,001 - $15,000 | | NONE | |
| | Emusic | $1 - $1,000 | | NONE | P |
| | Geron | $15,001 - $50,000 | | NONE | P |
| | Iridium | $1 - $1,000 | | NONE | |
| | McKesson | $1,001 - $15,000 | CAPITAL GAINS and DIVIDENDS | $201 - $1,000 | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Cal Dooley



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $6,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Peapod | $1,001 - $15,000 | | NONE | |
| | US Airways | $1,001 - $15,000 | | NONE | |
| | Webvan | $1,001 - $15,000 | | NONE | |
| | Genentech | $1,001 - $15,000 | | NONE | P |
| | JDS Uniphase | $1,001 - $15,000 | | NONE | P |

## SCHEDULE IV - TRANSACTIONS

Name Cal Dooley



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Sale of lots: Packwood RE Partnership | S | 01/10/00 & 12/20/00 | $100,001 - $250,000 |
| | Invesco Latin America | S | 11/28/00 | $1,001 - $15,000 |
| | At Home | P | 10/03/00 | $1,001 - $15,000 |
| | Checkfree | P | 01/31/00 & 02/22/00 | $1,001 - $15,000 |
| | McKesson | P | 01/31/00 | $1,001 - $15,000 |
| | Geron | P | 01/31/00, 03/14/00 & 04/04/00 | $1,001 - $15,000 |
| | Genentech | P | 01/31/00 & 11/21/00 | $1,001 - $15,000 |
| | Emusic | P | 05/08/00 | $1,001 - $15,000 |
| | JDS Uniphase | P | 02/02/00 | $1,001 - $15,000 |

## SCHEDULE V - LIABILITIES

**Name** Cal Dooley



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | WestAmerica--50% share | Mortgage on McAuliffe & Walnut | $15,001 - $50,000 |
| | WestAmerica | Crop loan (Dooley Farms Partnership) | $15,001 - $50,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Cal Dooley



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| International Dairy Food Association | Jan. 10-12 | Wash., D.C.--Palm Springs--Wash., D.C. | Y | Y | Y | NA |
| Aspen Institute | April 17-22 | Wash., D.C.--Grand Cayman--Wash., D.C. | Y | Y | Y | NA |
| Democratic Leadership Council | April 28-30 | Wash., D.C.--New Orleans | Y | Y | Y | NA |
| National Association of Chain Drug Stores | April 30-May 1 | New Orleans--West Palm Beach--Wash., D.C. | Y | N | N | NA |
| Democratic Leadership Council | May 21-22 | Wash., D.C.-Poughkeepsie--Wash., D.C. | Y | Y | N | NA |

## SCHEDULE VIII - POSITIONS

Name Cal Dooley



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | Dooley Farms Partnership (38% interest)--see schedule III |
| Partner | Packwood RE Partnership (25% interest)--see schedule III |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

John Taylor Doolittle
(Full Name)

2410 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone
(202) 225-2511

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State CA District 4 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A $200 *penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | John T. Doolittle | 5-22-01 |

1144

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Events Plus | spouse income | NA |
| | Impact Strategies | spouse income | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| CA Cable TV Assn | speech/panel | 8/12/00 | $1000 |
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Name John T. Doolittle | Page 4 of 10

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | BLOCK A Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEMPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example: Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* SP Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | CA Legislative Retirement Systems | | | X | | | | | | | | | | | NA | | | | | | NA | | | | | | | | | | | |
| | APN #54-151-31 (Nev. Co. Promissory Note) | X | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | paid off |
| | Schwab Cash Fund | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John T. Doolittle

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| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | AOL Stock | | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | | P, S |
| | Redback Stock | | | X | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | P, S |
| | Applied Materials Stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Cisco Stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Intel Stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Inter-Tel Stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Krispy Kremes Stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Microsoft Stock | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name John T. Doolittle Page 6 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* | Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | see attached | | | | | | | | | | | | | | | |

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| | | | |
|---|---|---|---|
| Bought | AMAT | 5/2/2000 | 2494.01 |
| Bought | AMAT | 5/12/2000 | 2628.7 |
| Sell | AOL | 5/4/2000 | 1821.98 |
| Sell | AOL | 5/4/2000 | 8882.5 |
| Bought | AOL | 5/12/2000 | 2767.45 |
| Bought | AOL | 5/12/2000 | 2811.2 |
| Bought | AOL | 5/25/2000 | 2529.95 |
| Sell | AOL | 5/4/2000 | 2284.97 |
| Sell | AOL | 5/4/2000 | 548.75 |
| Bought | CLPA | 3/30/2000 | 654.95 |
| Bought | CSCO | 5/2/2000 | 2527.45 |
| Bought | CSCO | 5/12/2000 | 2512.45 |
| Bought | INTC | 9/26/2000 | 2504.95 |
| Bought | INTL | 5/2/2000 | 2576.83 |
| Bought | INTL | 5/12/2000 | 2654.95 |
| Bought | KKD | 4/18/2000 | 288.08 |
| Bought | KKD | 5/12/2000 | 207.7 |
| Bought | KKD | 5/12/2000 | 2707.45 |
| Bought | MSFT | 5/2/2000 | 2545.45 |
| Bought | MSFT | 5/12/2000 | 2807.45 |
| Bought | RBAK | 10/26/2000 | 3889.09 |
| Sell | RBAK | 7/12/2000 | 3634.11 |
| Bought | RBAK | 5/4/2000 | 1777.95 |
| Bought | RBAK | 5/4/2000 | 8933.2 |
| Sell | RBAK | 7/12/2000 | 18738.8 |
| Bought | RBAK | 10/26/2000 | 5091.45 |
| Bought | RBAK | 5/4/2000 | 2228.51 |
| Sell | RBAK | 7/12/2000 | 4566.39 |
| Bought | RBAK | 10/26/2000 | 4675.76 |
| Buy | RBAK | 5/4/2000 | 561.95 |
| Sell | RBAK | 7/12/2000 | 1079.51 |
| Buy | RBAK | 10/26/2000 | 1175.95 |

John T. Doolittle
Page 7 of 10

Name John T. Doolittle | Page 8 of 10

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| JT | Wright Patman Cong. Fed. Credit Union | personal credit | | X | | | | | | | | |
| JT | Citibank | personal credit | | X | | | | | | | | |
| JT | MBNA | personal credit | | X | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | CA Cable TV Assn Panel | Aug 10-12 | Sac - Tahoe - Sac | Y | Y | Y | N |

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| Name | John T. Doolittle | Page 10 of 10 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| partner | J-T Investments |
| | |
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| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer

| Date | Parties To | Terms of Agreement |
|---|---|---|
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

Michael F. Doyle, Jr.
(Full Name)

2227 Hampton Street
(Mailing Address)

Pittsburgh, PA 15218

Daytime Telephone (412) 242-4898

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives | State: PA District: 18 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | May 10, 2001 |

| Name | Page 2 of 9 |
|---|---|
| Michael F. Doyle, Jr. | |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Eastgate Insurance Agency, Inc. | Renewal commissions | $9,001.78 |

**For payments to charity in lieu of honoraria, use Schedule II.**

| Name | Michael F. Doyle, Jr. | Page 3 of 9 |
|---|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | None | | | |
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Name Michael F. Doyle, Jr.



## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (*i.e.*, one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset | Block C: Type of Income | Block D: Amount of Income | Block E: Transaction |
|---|---|---|---|---|---|
| SP | Mega Corp. Stock | $50,001 – $100,000 | DIVIDENDS | $201 – $1,000 | P |
| DC | Simon & Schuster | Indefinite | Royalties | $2,501 – $5,000 | |
| JT | 1st Bank of Paducah, KY accounts | $250,001 – $500,000 | INTEREST | $5,001 – $15,000 | |
| JT | J&M Assoc. (50% owner of following holding) | | | | |
| | 7223 Church St., PGH, PA | $15,001 – $50,000 | Partnership Income | None | |
| | 712 S. Trenton Ave., PGH, PA | $15,001 – $50,000 | " | None | |
| | 7643 Highland Ave., PGH, PA | $15,001 – $50,000 | " | None | |
| JT | Monongahela Co. (25% owner of the following holding) | | | | |
| | 1916 Monongahela Ave., PGH, PA | $15,001 – $50,000 | Partnership Income | None | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael F. Doyle, Jr.

Page 5 of 9

| SP. DC. JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | P, S, E |
| JT | Eastgate Insurance Agency (45% owner) | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | |
| JT | S.E.R.S. - Commonwealth of Pennsylvania | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Michael F. Doyle, Jr.



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | None | | | | | | | | | | | | | | |

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Name Michael F. Doyle, Jr. | Page 7 of 9

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| JT | S&T Bank, PGH, PA | Mortgage on properties held by J&M Assoc. (50% owner) | | | X | | | | | | | |
| JT | PCN Corp., PGH, PA | Mortgage on prperties held by Monongahela Co. (25% owner) | X | | | | | | | | | |
| JT | Citibank MasterCard | Revolving charge | X | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| None | | |
| | | |
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Name Michael F. Doyle, Jr. | Page 8 of 9

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | None | | | | | | |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Secretary/Treasurer | Eastgate Insurance Agency, Inc. |
| Partner | J&M Associates |
| Partner | Monongahela Company |
| | |
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| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
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# UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees

(Full Name) DAVID T. DREIER

(Mailing Address) Room 237, Cannon House Office Building
Washington, DC 20515

Daytime Telephone (202) 225-2305

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: CA District: 28 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | David Dreier | 5/15/01 |

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| Name | DAVID T. DREIER | Page 2 of 10 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | H. E. Dreier, Jr., Inc. | Approved Fee | $10,500 |

**For payments to charity in lieu of honoraria, use Schedule II.**

| Name | DAVID T. DREIER | Page 3 of 10 |
|---|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| National Retail Federation | Speech | June 14, 2000 | $2,000 |
| Debate Films | Movie Appearance | June 19, 2000 | $ 300 |
| Washington International Trade Foundation | Speech | July, 27, 2000 | $1,000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: DAVID T. DREIER



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A (Asset and/or Income Source) | Block B (Value of Asset) | Block C (Type of Income) | Block D (Amount of Income) | Block E (Transaction) |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| SP | Mega Corp. Stock | | DIVIDENDS: X | IV | P |
| Examples: | Simon & Schuster | Indefinite | Other Type of Income: Royalties | IX | |
| JT | 1st Bank of Paducah, KY accounts | F | INTEREST: X | VI | |
| | Roseville Commun.-stock | D | DIVIDENDS: X | IV | |
| | Interest earning checking Cong.Fed.Credit Union | C | INTEREST: X | II | |
| | Money Market Account Cong.Fed.Credit Union | B | INTEREST: X | I | |
| | Oklahoma Publishing Co. Stock | H | DIVIDENDS: X | VI | |
| | Gaylord Entertainment Co. Stock | G | DIVIDENDS: X | VI | |
| | Olde (became H&R Block 7/00) Money Market Account | D; E | DIVIDENDS: X; INTEREST: X | VI | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID T. DREIER

Page 5 of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Olde IRA Acct. (H&R Block) | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | John Hancock Mutual Fund | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Singer Co. NV-Stock | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | S |
| | Compaq-stock | X | | | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | | S |
| | Freeport-McMoran LTD. | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Property-5 Stratford, RM, CA | | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | CBS Corp. Stock (Viacom) | | | | | | | | | X | | | | X | | | | | | | X | | | | | | | | | | | |
| | Caterpillar-Stock | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Compaq-stock | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Ericsson L.M.-stock | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | S |
| | Philip Morris-stock | | | | X | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Franklin Mutual Fund | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | Falcon Drilling-Stock | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Bakersfield CA CTFS | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Seligman Comm. | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Seligman Hend.Global | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | IBM | | | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | |
| | Mass. Mutual Life Ins. | | | | | X | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Novell | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Amer.Power Conversion | | | X | | | | | | | | | | X | | | X | | | | | | | | | | X | | | | | S |
| | JC Penney | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | S |
| | US Treasury Bond | X | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID T. DREIER

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| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | Tiffany Manor LTD (KC, MO) | | | | | | | | | X | | | | X | X | | | | | | | | | | | | | | X | | |
| | Franklin SmallGrowth Fund | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | P |
| | Xerox-stock | X | | | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | P,S |
| | Network Associates | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | P |
| | First Union Corp. | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| | Novell | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name DAVID T. DREIER

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Singer Co. NV-stock | | X | | 01-24-00 | under $1,000 | | | | | | | | | |
| | Compaq-stock | | X | | 01-24-00 | | X | | | | | | | | |
| | Ericsson L.M.-stock | | X | | 03-22-00 | X | | | | | | | | | |
| | Amer. Power Conversion | | X | | 03-22-00 | | X | | | | | | | | |
| | JC Penney | | X | | 12-06-00 | X | | | | | | | | | |
| | US Treasury Bond | | X | | 07-24-00 | | X | | | | | | | | |
| | Franklin Small Growth Fund | X | | | 05-22-00 | | X | | | | | | | | |
| | Xerox-Stock | X | X | | 03-22-00<br>12-06-00 | X | X | | | | | | | | |
| | Network Associates | X | | | 03-22-00 | | X | | | | | | | | |
| | Novell | X | | | 07-24-00 | | X | | | | | | | | |
| | First Union | X | | | 03-22-00 | | X | | | | | | | | |

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Name DAVID T. DREIER | Page 8 of 10

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | NONE | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | World Economic Forum | 01-28-00<br>01-31-00 | Washington, DC--Davos, Switzerland--WashingtonDC | Y | Y | N | N |
| | American International Group | 04-03-00 | Washington, DC--New York--Washington, DC | N | Y | N | N |
| | American International Group | 04-10-00 | Washington, DC--New York--Washington, DC | N | Y | N | N |
| | International Republican Inst. | 06-30-00<br>07-03-00 | Washington, DC--Mexico City--Los Angeles, CA | Y | Y | N | N |
| | Bohemian Grove | 07-21-00<br>07-23-00 | Washington, DD--San Francisco, CA--Washington, DC | Y | Y | N | N |
| | Empower America | 08-11-00<br>08-12-00 | Los Angeles, CA--Denver, CO--Los Angeles, CA | Y | Y | N | N |
| | Walker Digital | 09-25-00 | Washington, DC--New York--Washington, DC | N | Y | N | N |
| | Technet/Keane Inc. | 10-02-00 | Washington, DC--Boston--Washington, DC | N | Y | N | N |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

| Name | DAVID T. DREIER | Page 10 of 10 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Secretary | The Dreier Family Foundation |
| Board of Trustees | Claremont McKenna College |
| Board Member | International Republican Institute |
| Co_Chairman of the Board | Los Angeles Committee for the Homeless (Los Angeles Mission) |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

MAY 14 2001

RECEIVED
LEGISLATIVE RESOURCE CENTER
01 MAY 18 AM 11:35
(10)
(Office Use Only) MC

John J. Duncan, Jr.
(Full Name)

12103 Butternut Circle
(Mailing Address)

Knoxville, TN 37922

Daytime Telephone 202-225-5435

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: TN District: 02 | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [X] | No [ ] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [X] | No [ ] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | John J. Duncan Jr. | 5/12/01 |

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Name John J. Duncan, Jr. Page 1 of 3

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|---|---|
| | | | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* | SP | Mega Corp. Stock | | | X | P |
| | | | Simon & Schuster | Indefinite | | Royalties | |
| | | | 1st Bank of Paducah, KY accounts | X | X | X | |
| DC | Cracker Barrel (Stock) | | | X | X | X | |
| | Bank First (IRA) ST TR US Gov. Sec. | | | X | X | X | |
| | Bank First (IRA) Fidelity Value FD | | | X | X | X | |
| | Bank First (IRA) Fidelity Low Price Stock | | | X | X | X | |
| | Bank First (IRA) Fidelity Fund INC | | | X | X | X | |
| | Bank First (IRA) Bank First Stock | | | X | X | X | |

For additional assets and unearned income, use next page.

| Name | John J. Duncan, Jr. | Page 1 of 1 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Boys and Girls Clubs of Greater Knoxville, Inc. | Spouse Salary | |

**For payments to charity in lieu of honoraria, use Schedule II.**

| Name John J. Duncan, Jr. | Page 1 of 1 |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| NONE | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John J. Duncan, Jr.



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | First Central Bank (Stock) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | State of TN-Pension Plan | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| DC | McDonald's Corp. (Stock) | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Bank First-Money Market | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Congressional CU (Checking | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Bank First (Stock) | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| DC | Cape Cod B & T (Stock) | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Cape Cod B & T (STock) | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | Puget Sound Energy (Stock) | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Puget Sound Energy (Stock) | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P and S |
| DC | Gillette (Stock) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| DC | Norfolk Southern (Stock) | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | Transwitch (Stock) | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| DC | MCI World Com (Stock) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| DC | Krispy Kreme (Stock) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| DC | WWF (Stock) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| DC | Lowe's (Stock) | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Shop at Home (Stock) | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P and S |
| | Shop at Home (Stock) | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | Gap Inc(Stock) | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | Home Depot (Stock) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | MCI World Com (Stock) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John J. Duncan, Jr.



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, or J |
| | Info Space (Stock) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name John J. Duncan, Jr.



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Puget Sound Energy (Stock) | X | X | | S- 4-4-00<br>P- 2-2-00 | X | | | | | | | | | |
| DC | Krispy Kreme (Stock) | X | | | 2-17-00 | X | | | | | | | | | |
| DC | WWE (Stock) | X | | | 6-16-00 | X | | | | | | | | | |
| DC | Lowe's (Stock) | X | | | 6-16-00 | X | | | | | | | | | |
| SP | Shop At Home (Stock) | X | X | | S- 7-21-00<br>P- 2-1- 00 | X | P<br>X | | | | | | | | |
| | Shop At Home | X | | | 11-24-00<br>12-22-00 | X | | | | | | | | | |
| | Gap Inc. (Stock) | X | | | 11-14-00 | X | | | | | | | | | |
| | Home Depot (Stock) | X | | | 11-14-00 | X | | | | | | | | | |
| | MCI World Com (Stock) | X | | | 11-24-00 | X | | | | | | | | | |
| | Info Space (Stock) | X | | | 11-14-00<br>12-22-00 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Name John J. Duncan, Jr. | Page 1 of 1

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | NONE | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
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| | | |

Use additional sheets if more space is required.

Name John J. Duncan, Jr. | Page 1 of 1

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | AAAE | Feb.18-23 | Knoxville, TN to Kauai,HI to Knoxville, TN | Y | Y | Y | N |
| | American Crop Protection Assoc. | Sept.22-25 | Wash. D.C. to White Sulphur Spgs. WVA to Wash. D.C. | Y | Y | Y | 1 Day |
| | Ripon Educational Fund | Nov.24 to Dec. 1 | Knoxville, TN to Rome to Knoxville, TN | Y | Y | Y | N |

| Name John J. Duncan, Jr. | Page 1 of 1 |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | NONE |
| | |
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| | |
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## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
01 MAY 11 AM 9:07
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

(10)

Jennifer B. Dunn
(Full Name)

432 Cannon HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone: (206) 225-7761

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Washington District: 8 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [X] | No [ ] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Jennifer B. Dunn | 5-10-01 |

1183

| Name Jennifer B. Dunn | Page 1 of 9 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | N/A | | |

**For payments to charity in lieu of honoraria, use Schedule II.**

| Name | Jennifer B. Dunn | Page 2 of 9 |
|---|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| N/A | | | |

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Name Jennifer B. Dunn | Page 3 of 9

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or as jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Examples: | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| SP | Mega Corp. Stock | Indefinite | X DIVIDENDS | $15,001 – $50,000 | P |
| | Simon & Schuster | | Royalties | $1,001 – $2,500 | |
| JT | 1st Bank of Paducah, KY accounts | X | X INTEREST | $5,001 – $15,000 | |
| | AXP Cash Management Fund A | X | X DIVIDENDS | $201 – $1,000 | |
| | AXP High Yield Tax-Exempt Fund, Inc. | X | X DIVIDENDS | $1,001 – $2,500 | |
| | AXP New Demensions B IRA | X | X DIVIDENDS | $201 – $1,000 | |
| | AXP IDS Life Ins. Co. IRA - Flexible Annuity | X | X DIVIDENDS; X INTEREST | $1,001 – $2,500 | |
| | APX Brokerage Acct. Holds Bank of Amer. Stock | X | X DIVIDENDS | $1,001 – $2,500 | |
| | Bryant R. Dunn Sub-Trust B (Excepted trust) | Not Known | X EXCEPTED TRUST | $2,501 – $5,000 | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jennifer R. Dunn



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Cognative Associates, Rx Limited Partnership | | | | | | N/A | | | | | | | | | N/A | | | | | | | | | N/A | | | | | | | Abandoned |
| | Condo: Desert Island, Rancho Mirage, CA 92305 | | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | National Financial Center Thrift Savings Plan | | | | | | X | | | | | | | X | | X | X | | | | | | | | N/A | | | | | | | |
| | Bank of America - Savings Closed in 1999 | | | | | | N/A | | | | | | | | | N/A | | | | | | | | | N/A | | | | | | | Closed in 1999 |
| | Keybank National Assoc. Checking | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Jennifer B. Dunn



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Cognative Associates Limited Partnership<br>No longer active, no known value | Abandoned | | | 12-31-00 | | | | NIL | | | | | | |
| | Bank of America - Savings<br>Account closed in 1999 | Account Closed | | | 12-31-99 | | | | N/A | | | | | | |
| | 100 SHS Cisco Systems<br>Gifted to Son | X | | | 03-04-00 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Mission Hills Mortgage Corp. PO Box 22017 Santa Ana, CA 92702 | Condo: 50% Interest - Desert Island, Rancho Mirage CA#305 | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | | Description | Value |
|---|---|---|---|
| *Example:* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| N/A | | | |
| | | | |
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| | | | |
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Use additional sheets if more space is required.

Name Jennifer B. Dunn | Page 7 of 9

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | World Economic Forum | Jan 26-31 | WDC-Zurich-WDC | Y | Y | N | N |
| | Tax Coalition | Apr 28-29 | WDC-Hot Springs, VA-WDC | Y | Y | N | N |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner (50% Interest) | Dunn-Mijich (a joint venture partnership to own/manage rental condo at Rancho Mirage, CA - See Schedule 3) |
| Member of Congressional Advisory Board | International Republican Institute |
| Board Member | National Junior Statesman Foundation |
| Board Member | National Endowment for Democracy |
| Director | Presidential Commission on Debates |
| Member, Capitol Campaign Board | Eastside Domestic Violence Center for Women |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
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| | | |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | Lexington Institute |
| Board Member | National Campaign Against Youth Violence |
| Honorary Board Member | Asian Performing Arts Theater |
| Member | International Women's Forum |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

RECEIVED
MAIL TAKE RESOURCE CENTER
01 MAY 14 PM 2:31
01 OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERY (3)
MA (Office Use Only)

Thomas Chester Edwards
(Full Name)

2459 Rayburn HOB (202) 225-6105
(Mailing Address) Daytime Telephone:

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives | State: TEXAS District: 11 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ | No ☒ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ | No ☒ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ | No ☒ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☒ | No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ | No ☒ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and to the best of my knowledge and belief. | Chet Edwards | MAY 10, 2001 |

1193

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas Chester Edwards Page 2 of 3

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investment(s), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B | | | | | | | | | | | Block C | | | | | | | Block D | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | None | A $1–$1,000 | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 | L | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other: Type of Income (Specify: For Example, Partnership Income or Farm Income) | None | I $1–$200 | II $201–$1,000 | III $1,001–$2,500 | IV $2,501–$5,000 | V $5,001–$15,000 | VI $15,001–$50,000 | VII $50,001–$100,000 | VIII $100,001–$1,000,000 | IX $1,000,001–$5,000,000 | X Over $5,000,000 | XI | P, S, E |
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | | | P |
| | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| JT | Wright Patman Credit Union | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| JT | Central National Bank | | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| JT | Vanguard Group 500 Index Fund | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| | Employees Retirement System of Texas | | | X | | | | | | | | | | | | N/A | | | | | | | N/A | | | | | | | | | | | |
| SP | Vanguard Group 500 Index Fund - IRA | | | | X | | | | | | | | | | | N/A | | | | | | | N/A | | | | | | | | | | | |
| | (Rollover from Great American Reserve) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name Thomas Chester Edwards Page 3 of 3

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Vanguard 500 Index Fund - IRA (2000 contrib) | X | | | 1-23-01 | X | | | | | | | | | |
| SP | Vanguard 500 Index Fund - IRA (2000 contribution) | X | | | 1-23-01 | X | | | | | | | | | |
| DC | Vanguard 500 Index Fund | X | | | monthly | X | | | | | | | | | |
| DC | Vanguard 500 Index Fund - Education IRA | X | | | 12-28-00 | X | | | | | | | | | |

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# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

FORM A
For use by Members, officers, and employees

Page 1 of 6

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U.S. HOUSE OF REPRESENTATIVES

(6)

MC

Vernon J. Ehlers
(Full Name)

1848 Morningside Drive SE Grand Rapids, MI 49506
(Mailing Address)

202-225-3831
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: MI District: 3 | Officer Or Employee | Employing Office |
| **Report Type** | ☑ Annual (May 15) | Amendment | Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. | **Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period?** **If yes, complete and attach Schedule I.** | Yes ☑ | No |
| II. | **Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?** **If yes, complete and attach Schedule II.** | Yes ☑ | No |
| III. | **Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period?** **If yes, complete and attach Schedule III.** | Yes ☑ | No |
| IV. | **Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period?** **If yes, complete and attach Schedule IV.** | Yes | No ☑ |
| V. | **Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period?** **If yes, complete and attach Schedule V.** | Yes | No ☑ |
| VI. | **Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)?** **If yes, complete and attach Schedule VI.** | Yes | No ☑ |
| VII. | **Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)?** **If yes, complete and attach Schedule VII.** | Yes ☑ | No |
| VIII. | **Did you hold any reportable positions on or before the date of filing in the current calendar year?** **If yes, complete and attach Schedule VIII.** | Yes | No ☑ |
| IX. | **Did you have any reportable agreement or arrangement with an outside entity?** **If yes, complete and attach Schedule IX.** | Yes | No ☑ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| **Trusts-** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes | No ☑ |
| **Exemptions–** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes | No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | Vernon J. Ehlers | 5/15/01 |

## SCHEDULE I - EARNED INCOME

Name Vernon J. Ehlers



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| State of Michigan | Pension | $28,265 |
| Kent County Michigan | Pension | $1,911 |

## SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name: Vernon J. Ehlers



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| Sigma XI | Speech | Feb. 7 | $250 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | IRA Bank One Grand Rapids | $1,001 - $15,000 | INTEREST | N/A | N/A |
| | State of Michigan 401(k) | $50,001 - $100,000 | combination | NONE | N/A |
| | State of Michigan 457 | $100,001 - $250,000 | combination | NONE | N/A |
| | Calvin College Retirement Account TIAA-CREF | $250,001 - $500,000 | combination | NONE | N/A |
| | IRA Charles Schwab | $100,001 - $250,000 | combination | NONE | N/A |
| | Grand Rapids Teachers Credit Union | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | N/A |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| California Retirement System | $15,001 - $50,000 | INTEREST | NONE | N/A |
| Northern Trust Bank | $15,001 - $50,000 | INTEREST | $201 - $1,000 | P |
| Bank One | $1 - $1,000 | INTEREST | $1 - $200 | S |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Vernon J. Ehlers



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Aspen Institute | Jan. 13-19 | Grand Rapids MI to Naples FL and return | Y | Y | Y | 1 day |
| Business Higher Education Forum | Feb. 10-11 | DC to Tuscon AZ to Grand Rapids MI | Y | Y | N | N/A |
| Georiga Tech -AAAS | Feb. 24-25 | Grand Rapids MI to Atlanta and return | Y | Y | N | N/A |
| Christian Reformed World Relief Committee | March 3-4 | Grand Rapids MI to Colorado Springs CO and return | Y | Y | N | N/A |
| DSR Inc. | April 19-20 | Grand Rapids MI to Chicago IL and return | Y | Y | N | N/A |
| Republican Main Street Partnership | April 22-26 | Grand Rapids MI to Redwood City, CA | Y | Y | Y | 1 day |
| Texas A& M University | April 26-27 | CA to College Station TX to Grand Rapids MI | Y | N | N | N/A |
| New York Academy of Sciences | June25-26 | Grand Rapids MI to New York to DC | Y | Y | N | N/A |
| Congressional Economic Leadership Institute | July 5-10 | Grand Rapids MI to Seattle WA and return | Y | Y | Y | 1 day |
| Council for Chemical Research | Sept. 10-11 | Grand Rapids MI to New Orleans LA to DC | Y | Y | N | N/A |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

01 MAY 15 PM 3:31

MC

(9)

HAND DELIVERED
(Office Use Only)

Robert L. Ehrlich, Jr.
(Full Name)

4 Ballyhean Ct. Timonium, MD 21093 (202) 225-3061
(Mailing Address) Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: MARYLAND District: 2nd | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☑ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☑ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ | No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☑ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ | No ☑ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Robert L. Ehrlich | May 12, 2001 |

1202

Name ROBERT L. EHRLICH, JR. | Page ___ of ___

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | ASSISTANT STATE'S ATTORNEY, HARFORD COUNTY, MD | SPOUSE SALARY | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

| Name | Page ___ of ___ |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert L. Ehrlich, Jr. | Page ___ of ___

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investment(s), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| Block A: Asset and/or Income Source | Block B: Value of Asset (A None; B $1–$1,000; C $1,001–$15,000; D $15,001–$50,000; E $50,001–$100,000; F $100,001–$250,000; G $250,001–$500,000; H $500,001–$1,000,000; I $1,000,001–$5,000,000; J $5,000,001–$25,000,000; K $25,000,001–$50,000,000; L Over $50,000,000) | Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)) | Block D: Amount of Income (I None; II $1–$200; III $201–$1,000; IV $1,001–$2,500; V $2,501–$5,000; VI $5,001–$15,000; VII $15,001–$50,000; VIII $50,001–$100,000; IX $100,001–$1,000,000; X $1,000,001–$5,000,000; XI Over $5,000,000) | Block E: Transaction (P, S, E) |
|---|---|---|---|---|
| SP, DC, JT — *Examples:* | | | | |
| SP — Mega Corp Stock | E | DIVIDENDS: X | IV | P |
| DC — Simon & Schuster | Indefinite | Royalties | X | |
| JT — 1st Bank of Paducah, KY accounts | F | INTEREST: X | V | |
| VALUE 39,013.69 FUNDAMENTAL INVESTORS | D | DIVIDENDS: ✓; CAPITAL GAINS: ✓ | VI | DIV. + CAP GAIN PLAN |
| VALUE 10,887.77 NEW PERSPECTIVE | C | DIVIDENDS: ✓; CAPITAL GAINS: ✓ | IV | " |
| VALUE 5,052.10 A.I.M. CONSTELLATION | C | DIVIDENDS: ✓; CAPITAL GAINS: ✓ | IV | " |
| VALUE 3,583.05 EUROPACIFIC | C | DIVIDENDS: ✓; CAPITAL GAINS: ✓ | III | " |
| VALUE 4,035.16 (SOLD 50 SHARES ON 7-14-00) FINANCIAL INVESTORS | C | DIVIDENDS: ✓; CAPITAL GAINS: ✓ | III; GAIN 612.00 | SOLD 50 SH ON 7-14-00 |
| VALUE 4,244.28 MAGELLAN STREET | C | DIVIDENDS: ✓; CAPITAL GAINS: ✓ | III | " |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT L. EHRLICH JR. Page ___ of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | VALUE: 7,628.09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CAPITAL APPRECIATION A | | | ✓ | | | | | | | | | | ✓ | | | ✓ | | | | | | | | | | | | | | | " |
| | VALUE 6,318.61 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DISCOVERY | | | ✓ | | | | | | | | | | ✓ | | | ✓ | | | | | | | ✓ | | | | | | | | " |
| | VALUE 7,243.66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FIDELITY INVESTORS EQUITY | | | ✓ | | | | | | | | | | ✓ | | | ✓ | | | | | | ✓ | | | | | | | | | " |
| | VALUE: 9258.69 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | BEST FOODS STOCK: SOLD 2-23-00 | | | | | | | | | | | | | | | | | | | | | LOST (716.00) | | | | | | | | | | SOLD |
| | VALUE 5237.85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | COCOA STOCK SOLD 2-4-00 | | | | | | | | | | | | | | | | | | | | | GAIN 3,011 | | | ✓ | | | | | | | SOLD |
| | VALUE 5,975.00 | | | ✓ | | | | | | | | | | ✓ | | | ✓ | | | | | ✓ | | | | | | | | | | |
| | AGILENT STOCK | | | | | | | | | | | | | | | | | | | | | ✓ | | | | | | | | | | |
| | VALUE 4,639.64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | WALMART STOCK SOLD 2-22-00 | | | | | | | | | | | | | | | | | | | | | LOST (638.00) | | | | | | | | | | SOLD |
| | VALUE: 4159.33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | GOOD GOODS BOUGHT 5-12-00 | | ✓ | | | | | | | | | | | ✓ | | | ✓ | | | | | ✓ | | | | | | | | | | PURCHASED 25 SHARES ON 12-00 |
| | VALUE 22,243.43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | WEB MEDIA BOUGHT 2-10-00 | | | ✓ | | | | | | | | | | ✓ | | | ✓ | | | | | GAIN 1207.00 | | | ✓ | | | PURCHASED 30 SOLD 35 | | | | SHARES 2-10-00 SOLD 9-6-00 |
| | VALUE: 2,478.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | AVANTGO STOCK BOUGHT 2-2-00 | | | ✓ | | | | | | | | | | ✓ | | | ✓ | | | | | ✓ | | | | | | | | | | PURCHASED 50 SHARES 2-02-00 |
| | IRA: ANNE BAL - EXCHANGE TO EUROPA ON 2-08-00 | | | | | | | | | | | | | | | | | | | | | ✓ | | | | | | | | EXCHANGE | | DIV. CAP. GAIN REINVST |
| (PLD) | EUROPACIFIC 22,031.02 | | | | ✓ | | | | | | | | | ✓ | | | ✓ | | | | | | | | | ✓ | | | | | | " |
| | FUNDA INV. 24,589.45 | | | | ✓ | | | | | | | | | ✓ | | | ✓ | | | | | | | | ✓ | | | | | | | " |
| | NEW PERSP. 11,159.90 | | | ✓ | | | | | | | | | | ✓ | | | ✓ | | | | | | | | ✓ | | | | | | | " |
| | SMALL CAP 19,105.39 | | | | ✓ | | | | | | | | | ✓ | | | ✓ | | | | | | | | | ✓ | | | | | | " |
| | GFA 18,157.09 | | | | ✓ | | | | | | | | | ✓ | | | ✓ | | | | | | | | ✓ | | | | | | | " |
| | WASH MUT - EXCHANGE TO GFA ON 2-08-00 | | | | | | | | | | | | | | | | | | | | | ✓ | | | | | | | | | | EXCHANGE |
| (KSL) | SMALL CAP 4266.14 | | | ✓ | | | | | | | | | | ✓ | | | ✓ | | | | | | | | | | | | | | | " |
| | VALUE 1822.30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (DRE) | I2 TECH STOCK | | | ✓ | | | | | | | | | | ✓ | | | ✓ | | | | | ✓ | | | | | | | | | | |
| | VALUE 534.07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DENNY STOCK | ✓ | | | | | | | | | | | | ✓ | | | ✓ | | | | | | | ✓ | | | | | | | | |
| | VALUE: 232.57 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PFIZER STOCK | ✓ | | | | | | | | | | | | ✓ | | | ✓ | | | | | | | ✓ | | | | | | | | |
| | VALUE 48.00 | | | | | | | | | | | | | ✓ | | | ✓ | | | | | ✓ | | | | | | | | | | PURCHASED 14 SHARES 5-12-00 |
| | VISUAL NETWORK BOUGHT 5-12-00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Robert L. Ehrlich Jr. Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | REINVESTMENT OF DIVIDENDS & CAP. GAINS AND | ✓ | | | | ✓ | | | | | | | | | |
| | MONTHLY PURCHASES EXCEEDED 1,000.00 FOR THREE FUNDS. | | | | | | | | | | | | | | |
| | MAIN STREET; DISCOVERY; CAPITAL A; FUNDA INV; | | | | | | | | | | | | | | |
| | NEW PERSPECTIVE; A I.M | | | | | | | | | | | | | | |
| | (ALL OTHER MUTUAL FUNDS DID NOT EXCEED | | | | | | | | | | | | | | |
| | 1000.00 FOR CALENDAR YEAR) | | | | | | | | | | | | | | |
| | SOLD 508 SHARES OF FLAG VALUE FUND | | ✓ | | 7-14-00 | ✓ | | | | | | | | | |
| | SOLD 100 SHARES OF BEST FOODS STOCK | | ✓ | | 2-22-00 | ✓ | | | | | | | | | |
| | SOLD 100 SHARES OF WALMART STOCK | | ✓ | | 2-22-00 | ✓ | | | | | | | | | |
| | SOLD 244 SHARES OF CORNING STOCK | | ✓ | | 2-4-00 | ✓ | | | | | | | | | |
| | BOUGHT 50 SHARES OF WEB METHOD STOCK | ✓ | | | 2-10-00 | ✓ | | | | | | | | | |
| | SOLD 25 SHARES OF WEB METHOD STOCK | | ✓ | | 9-6-00 | | | | | | | | | | |
| | BOUGHT 25 SHARES OF GENE LOGIC | ✓ | | | 5-12-00 | ✓ | | | | | | | | | |
| | BOUGHT 25 SHARES AVANEX STOCK | ✓ | | | 2-3-00 | ✓ | | | | | | | | | |
| | EXCHANGED AMER BAL FOR EUROPAC 401(K) | | | ✓ | 3-8-00 | | ✓ | | | | | | | | |
| | EXCHANGED WASH MUT FOR GFA 401(K) | | | ✓ | 3-8-00 | | ✓ | | | | | | | | |
| DESC EHRLICH | BOUGHT 14 SHARES VISUAL NETWORKS STOCK | ✓ | | | 5-12-00 | ✓ | | | | | | | | | |

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| Name | Page ___ of ___ |
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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | | Description | Value |
|---|---|---|---|
| *Example:* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
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**Use additional sheets if more space is required.**

Name ROBERT L. EHRLICH, JR. | Page ___ of ___

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | CEMA | JAN. 5-9 | BALTO - LAS VEGAS - BALTO | Y | Y | Y | N |
| | NAHB | JAN 16-17 | BALTO - DALLAS - BALTO | Y | N | N | N |
| | SEAGRAM / UNIV. STUDIOS | FEB 18-19 | * TRIP ABORTED DUE TO ILLNESS IN FAMILY BALTO - LOS ANGELES - BALTO | Y | N | Y | Y PART OF ONE DAY |
| | FLORIDA POWER & LIGHT | APRIL 17-21 | BALTO - FT. MYERS - BALTO | Y | Y | Y | Y 2 DAYS |
| | NATIONAL FEDERATION OF THE BLIND | JULY 7 | BALTO - ATLANTA - BALTO | N | N | N | N |
| | NATIONAL CHAMBER FOUNDATION PRIVATE RETREAT | MAY 19-20 | NONE (LANSDOWNE, VA) | Y | Y | Y | N |
| | MD ASPHALT ASSOCIATION | SEPT 8-9 | BALT - ST. MICHAELS - BALT. | Y | Y | Y | N |
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| Name | Page ___ of ___ |
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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | DIRECTOR POSITIONS WITH RELIGIOUS, FRATERNAL, AND POLITICAL |
| | ORGANIZATIONS ARE OF AN HONORARY NATURE. |
| | |
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## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:56
OFFICE OF THE CLERK (Use Only)
U.S. HOUSE OF REPRESENTATIVES

(9)

MC

JoAnn Emerson
(Full Name)

1631 Themis Street
(Mailing Address)

Cape Girardeau MO 63701

Daytime Telephone 202-225-4404

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Missouri District: 8 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | JoAnn Emerson, M.C | 5/15/01 |

1211

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Bartley, Geffstein, Bollato & Lange LLC | Spouse Salary | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

Name JoAnn Emerson | Page 3 of 9

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| Westminster College, Fulton, MO donated to Boothee Healthy Start, Sikeston, MO 63801 | Speech | 5/6/2000 | $2000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JoAnn Emerson



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | DC Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | JT 1st Bank of Paducah, KY account | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| DC/JT | Bank of Oklahoma (CD) | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | S |
| DC/JT | Provident Bank of MD (CD) | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| DC/JT | Euro Pacific Growth Fund SBH | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC/JT | Growth Fund of America Inc | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC/JT | Investment Co. of America | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC/JT | Smallcap World Fund Inc | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name D Ann Emerson

Page 5 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Lucent Technologies | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | ? |
| JT | Avaya (Lucent spinoff) | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P thru spinoff |
| SP | WESTCORP Smallcap SEP | | | X | | | | | | | | | | | | | | | | NA | | | | | | | | | | | | NA |
| SP | Bank of Salem SEP | | | | X | | | | | | | | | | | | | | | NA | | | | | | | | | | | | NA |
| SP | 4 Seasons Racquet Club Condominium | | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | NA |
| SP | BGBL LLC (1/4 partner) | | | | | | | X | | | | | | | | | | | | Partnership distribution | X | | | | | | | | | | | |
| SP | 7720 Building Corp (law firm building) | | | | | | X | | | | | | | | | | | | | NA | X | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Jo Ann Emerson | Page 6 of 9

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | Lucent Technologies Common Stock | X | | | 5-10-00 | X | | | | | | | | | |

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Name Jo Ann Emerson | Page 7 of 9

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Key Bank, Boston, MA | College Loan | | X | | | | | | | | |
| SP | Central Bank of Lake Ozark, MO | Mortgage on rental property | | | X | | | | | | | |
| SP | Bank of Salem, Salem, MO | Line of credit | | X | | | | | | | | |
| SP | Enterprise Bank, St. Louis, MO | mortgage on office bldg - (25% share) | | | | X | | | | | | |
| SP | Commerce Bank VISA<br>Westpoint MasterCard | credit card<br>credit card | X | | | | | | | | | |
| SP | Travelers VISA | credit card | X | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | | | | | | | |
| | Lower Mississippi Valley Flood Control Assn. | | St. Louis - New Orleans - St. Louis | Y | N | Y | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Member, Advisory Committee | Emerson Institute for Practical Politics & Public Affairs Ohio Wesleyan Univ., Delaware, Ohio |
| Chair | Bill Emerson Group Charities, Inc. Alexandria, VA (unpaid) |
| Trustee | Truman Scholarship Foundation |
| President | Mississippi Valley Flood Control Assn, Memphis, TN |
| Lifetime Trustee | Westminster College, Fulton, MO |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70-729 (mac)

**Use additional sheets if more space is required.**

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees



01 MAY 15 PM 5:02

(4)

HAND DELIVERED

(Office Use Only)

Eliot L. Engel
(Full Name)

2303 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202/225-2464
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State NY District 17 | ☐ Officer Or Employee — Employing Office |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ No ☑ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month Day Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | Eliot L. Engel | 5/15/01 |

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# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eliot L. Engel



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Congressional Federal Credit Union | $1-1,000 | INTEREST | $1 - $200 | |
| | Israeli Bonds | $1,001 - $15,000 | INTEREST | $1 - $200 | |

## SCHEDULE V - LIABILITIES

Name Eliot L. Engel



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Congressional Federal Credit Union | Loan | $10,001 - $15,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Eliot L. Engel



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Aspen Institute | Feb. 17-22 | DC-Puerto Rico-DC | Y | Y | Y | 1 day |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

(5)

LEGISLATIVE RESOURCE CENTER

2001 MAY 15 AM 10: 03

MC

(Office Use Only)

PHILIP S. ENGLISH
(Full Name)

1410 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone (202) 225-5406

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives | State ____ Distrct ____ | ☐ Officer or Employee | Employing Office ____ |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date ____ |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☒ | No ☐ | VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregaiing more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ | VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☒ | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ | No ☒ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☒ | IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☒ | No ☐ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Philip S. English | 5/14/01 |

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | SCHOOL DISTRICT, CITY OF ERIE, PA. | SPOUSE SALARY | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name PHILIP S. ENGLISH

Page 3 of 5

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E: P, S, or E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | X | | | |
| JT | 530 W. 6th ST, ERIE, PA. | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| JT | MERRILL LYNCH ACCOUNT | | | | | | X | | | | | | | X | | X | | | | | | | | X | | | | | | | | |
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For additional assets and unearned income, use next page.

Name PHILIP S. ENGLISH | Page 4 of 5

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | BANK UNITED of TEXAS FSB (HOUSTON, TX) | MORTGAGE ON 530 W. 6TH ST, ERIE PA | | | | X | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | INVEST TO COMPETE ALLIANCE | JULY 6-9 | CAPE COD, MA. | Y | Y | Y | N |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 1:59

(9)

Anna Georges Eshoo
(Full Name)

40 Isabella Avenue
Atherton California 94027
(Mailing Address)

Daytime Telephone 650-323-2984

(Office Use Only) MC

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State California 14th C.D. | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month Day Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Anna Georges Eshoo | May-11-2001 |

Name Gwen Georges Shott | Page 1 of 0

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | County of San Mateo Retirement Fund | Legislative Pension San Mateo County Board of Supervisors | $8276 52 |

For payments to charity in lieu of honoraria, use Schedule II.

Name Rep Georges Eshoo | Page 2 of 8

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| -NONE- | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | Block A: Asset and/or Income Source | Block B: Value of Asset | Block C: Type of Income | Block D: Amount of Income | Block E: Transaction |
|---|---|---|---|---|---|---|
| SP | SP | Mega Corp Stock | X (F) | DIVIDENDS; INTEREST | $1 – $200 | P |
| DC | | Simon & Schuster | Indefinite (B, C) | Royalties | $1,001 – $2,500 (IV) | |
| JT | | 1st Bank of Paducah, KY accounts | X (F) | INTEREST | $2,501 – $5,000 (V); $5,001 – $15,000 (VI) | |
| | | HartfordGroup/DeferredComp Plan | X (F) | Deferred Compensation Plan | $15,001 – $50,000 (VII); $100,001 – $1,000,000 (IX) | n/a |
| | | County of San Mateo/Retirement | X (C) | Retirement Plan | $5,001 – $15,000 (VI) | n/a |
| | | San Mateo Credit Union | X (B) | INTEREST | $1 – $200 (I) | n/a |
| | | Penn Mutual Life Ins. Co. | X (B) | INTEREST | $1,001 – $2,500 (IV) | n/a |
| | | Washington Mutual (checking) | X (B) | None | None (I) | n/a |
| | | Washington Mutual (Savings) | X (B) | INTEREST | $1 – $200 (I) | n/a |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carl Georges Estes | Page 4 of 8

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Wright Patman C.U. checking | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | n/a |
| | Wright Patman C.U. // Savings | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | n/a |
| | Riggs Bank | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | n/a |
| | Paine Webber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Money Market Fund | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | n/a |
| | Mutual Fund | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | | n/a |
| | IRA | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | n/a |
| | Equities Garnett Co. | | | X | | | | | | | | | | X | | | | | | | | | | | X | | | | | | | n/a |
| | Federal Thrift Svgs Plan | | | | | | X | | | | | | | Deferred Compensation Plan | | | | | | | | | | | | | | | X | | | n/a |

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## SCHEDULE IV — TRANSACTIONS

Name Georges Eshoo Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | -NONE- | | | | | | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles; household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | First Nationwide Mortgage P.O. Box 7175 - Pasadena - California 91109 | Mortgage on my home at 40 Isabella Ave - Atherton - California | | | | | X | | | | | |
| | Santa Bank California P.O. Box 54499 - Los Angeles - California 90054 | Home Equity Line of Credit | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | - NONE - | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| *Examples:* Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| Aspen Congressional Institute Conference / The Global Environment | Feb 18 to 22 | Wash. D.C. – San Juan – San Francisco $1437.30 plus $100 ground transport | Y $1924.30 | Y $640.00 | N | N |
| Ernst & Young 787-7th Ave. NY NY | March 21 | Wash D.C. / National – LaGuardia / Wash. D.C. $280.40 | N | N | N | N |
| Retia Stier, Minneapolis Minnesota Board of Directors Meeting | April 14 to 17 | Wash. D.C. / Dulles to Phoenix, $940.00 plus $127.00 Arizona ground transport | Y $1803.32 | Y $86.36 | N | N |
| Democratic Leadership Council Policy Retreat at Hyde Park NY | May 19-22 | Wash D.C / Natl – LaGuardia – Wash D.C. $169.50 | Y $406.35 | Y $178.35 | N | N |
| | | Amtrak Train to Hyde Park $118.00 | | | | |
| | | Ground transports $125.00 | | | | |

This page may be copied if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | -NONE- |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | -NONE- | |

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**Use additional sheets if more space is required.**

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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees



Bobby R. Etheridge
(Full Name)

1106 Mamers-Summerville Road Lillington, NC 27546
(Mailing Address)

202-225-4531
Daytime Telephone

NC
(Office Use Only)

**Filer Status** ☑ Member of the U.S. House of Representatives State: NC District: 02 ☐ Officer Or Employee Employing Office:

**Report Type** ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Bobby Etheridge | 5-15-01 |

1238

# SCHEDULE I - EARNED INCOME

Nam Bobby R. Etheridge



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Harnett Board of Education | Spouse Salary | N/A |
| State of North Carolina | State/Legislative Pension | $10,000 |

# SCHEDULE III - ASSETS AND "UNE

Nam Bobby R. Etheridge



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Centura Bank | $1,001 - $15,000 | Dividends | $1 - $200 | N/A |
| | Carolina Power & Light Co. | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | N/A |
| | Openheimer Equity Income Fund | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | N/A |
| JT | Dean Witter Money Market Trust | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | N/A |
| JT | Farm-Rt. 1, Broadway, NC | $100,001 - $250,000 | RENT | $1,001 - $2,500 | P |
| JT | Commercial Property, Lillington East McNeil Street | $15,001 - $50,000 | None | NONE | N/A |

# SCHEDULE III - ASSETS AND "UNE

Nam Bobby R Etheridge



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | NC State Retirement Pension | None | None | NONE | N/A |
| | NC State Deferred Compensation Plan (401K) | $50,001 - $100,000 | None | NONE | N/A |
| JT | Rental Property, Lillington, NC (house) | $15,001 - $50,000 | RENT | $2,501 - $5,000 | N/A |
| SP | NC State Deferred Compensation (401K) | None | None | NONE | N/A |
| | Centura (Stock) | $1 - $1,000 | DIVIDENDS | $1 - $200 | N/A |
| | IRA (Carolina Power & Light Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | N/A |

# SCHEDULE III - ASSETS AND "UNE

Nam Bobby R Etheridge



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| IRA (Morgan, Stanley, Dean-Witter Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | N/A |
| IRA (Coho Eugene & Co. Stock) | $1 - $1,000 | DIVIDENDS | NONE | N/A |
| IRA (Centura Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | N/A |
| IRA (Sprint Com Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | N/A |
| IRA (Sprint PCS Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | N/A |
| IRA (Unifi Inc. Stock) | $1 - $1,000 | DIVIDENDS | NONE | N/A |

# SCHEDULE III - ASSETS AND "UNE

Nam Bobby R. Etheridge



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | IRA (UPS Stock) | $1 - $1,000 | DIVIDENDS | NONE | N/A |
| | IRA (Phillip Morris Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | N/A |
| SP | IRA (Sprint PCS Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | N/A |
| SP | IRA (Sprint Com Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | N/A |
| SP | IRA (Dupont Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | N/A |
| SP | IRA (Conoco Inc. Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | N/A |

# SCHEDULE III - ASSETS AND "UNE

Nam Bobby R. Etheridge



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | IRA (Baker Hughes Inc. Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | N/A |
| JT | Farm-Rt. 1, Broadway, NC | $50,001 - $100,000 | RENT | $2,501 - $5,000 | N/A |

1244

# SCHEDULE IV - TRANSACTIONS

Nam Bobby R. Etheridge



Roport any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Farm-Rt. 1, Broadway, NC | P | April 2000 | $100,001 - $250,000 |

# SCHEDULE V - LIABILITIES

Nam Bobby R. Etheridge



R^port liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| JT | Individual | Farm | $100,001 - $250,000 |

# SCHEDULE VIII - POSITIONS

Nam Bobby R. Etheridge



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Advisory Board | Ochoneeche Boy Scout Council |

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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



Lane A. Evans
(Full Name)

2211 Rayburn HOB Washington, DC, DC 20515
(Mailing Address)

202-225-5905
Daytime Telephone:

MC HAND DELIVERED
(Office Use Only)

**Filer Status** ☑ Member of the U.S. House of Representatives State: IL District: 17 ☐ Officer Or Employee Employing Office:

**Report Type** ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ No ☑ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Lane A. Evans | May 15, 2001 |

1248

# SCHEDULE III - ASSETS AND "UNE

Nam Lane A. Evans



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| 406 S. Capitol Street, S.E., Washington, DC | $250,001 - $500,000 | RENT | $5,001 - $15,000 | |
| Plow and Planters Employees Credit Union, IRA, Moline, IL | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| Wright Patman Federal Credit Union, Savings Accounts & IRAs, Washington, DC | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | |

# SCHEDULE V - LIABILITIES

Nam Lane A. Evans



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Bank of America, Baltimore, MD | Mortgage on 406 S. Capitol St., SE | $250,001 - $500,000 |
| | Riggs Bank, Washington, DC | Mortgage on 406 S. Capitol St., SE | $50,001 - $100,000 |

# SCHEDULE VIII - POSITIONS

Nam Lane A. Evans



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Director | Skills, Inc., Moline, IL |
| Director | Center for Mind-Body Studies, Washington, DC |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

RECEIVED
CENTER
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(10)

HAND DELIVERED
(Office Use Only)

R. Terry Everett
(Full Name)

2312 Rayburn Building
(Mailing Address)

Daytime Telephone: 202-225-2901

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: AL District: 2nd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Terry Everett | |

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| Name R. Terry Everett | Page 2 of 10 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | U.S. House of Representatives - Congressman | U.S. Representative | $133,296 |
| | Union Springs Newspapers - Wife | Management | $ 31,200 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| None | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name R. Terry Everett



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: SP Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | P |
| | DC Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| | JT 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | |
| SP | Merrill-Lynch - CMA | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | 400 acre farm - Houston County, AL | | | | | | | | X | | | | | | | | | | | farm income | X | | | | | | | | | | |
| | Stock in: Union Springs Newspaper | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Due from: Everett For Congress | | | | | | X | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Colonial Bancgroup - 9766 | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | |
| SP | Colonial Bancgroup - 5696 | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. Terry Everett

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| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Colonial Bancgroup - 5000 | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | Note Receivable - 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | personal residences in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Coffee & Houston | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Counties, AL | | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Merrill-Lynch: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CMA Money Funds | | | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | |
| | U.S. Treasury Notes | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | S |
| | HealthSouth Corp. | | | | | | | X | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Qualcomm, Inc. | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Merrill-Lynch Mutual Funds: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | AIM Constellation | | | | | | X | | | | | | | X | | | | | | | | | | | | | X | | | | | |
| | Alliance Technology | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | Davis N.Y. Venture | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | Franklin Growth Fund | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | J. Hancock Financial | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | M.L. Fundamental Growth | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | Pioneer Growth | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | Templeton World Fund | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Merrill-Lynch Annuity | | | | | | | | | | | | | | | | | | | Tax Deferred | | | | | | | | | | | | |
| | PFL-Endeavor Var. | | | | | | | X | | | | | | | | | | | | Annuity | X | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. Terry Everett



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Merrill-Lynch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | U.S. Treasury Notes | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | P |
| | S&P Industrial 1999 Sr. E | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | S |
| | Select 10 - 1999 Sr. 4 | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | S&P Industrial 1999 Sr. F | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | S |
| | Select 10 - 1999 Sr.SC-UK | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | S |
| | First Fed. of South: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Checking | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Investment Acct. | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | C.D. | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | IRA | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | IRA | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Bank of the South: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Money Mkt. | | | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | |
| | C.D. | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | C.D. | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Cong. Fed. C.U.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Checking | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Savings | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Compass Bank Money Mkt. | X | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | E |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name R. Terry Everett

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | U.S. Treasury Notes | X | | | 7/14/00 | | | | | | X | | | | |
| | U.S. Treasury Notes | | X | | 4/17/00 | | | | | | X | | | | |
| | S & P Industrial 1999 Sr. E | | X | | 9/8/00 | | X | | | | | | | | |
| | Select 10 - 1999 Sr. 4 | | X | | 10/19/00 | | | X | | | | | | | |
| | S & P Industrial - 1999 Sr. F | | X | | 10/26/00 | | X | | | | | | | | |
| | Select 10 - 1999 Sr. SC-UK | | X | | 11/9/00 | X | | | | | | | | | |
| | Compass Bank - M.M. | | | X | 3/1/00 | | X | | | | | | | | |

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Name R. Terry Everett | Page 8 of 10

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Bank of the South | Campaign loans | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| None | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| None | | | | | | | |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| None | |
| | |
| | |
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| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
| | | |
| | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

R. Terry Everett
(Full Name)

2312 Rayburn Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-2901

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: AL District: 02 | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [ ] Annual (May 15) | [X] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Terry Everett | May 23, 2001 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

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HAND DELIVERED
(Office Use Only)

HON. ENI F.H. FALEOMAVAEGA
(Full Name)

2422 Rayburn House Office Bldg., Washington, DC 20515
(Mailing Address)

Daytime Telephone
202-225-8577

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Am Samoa District: At Large | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Eni Faleomavaega | May 15, 2001 |

Name Hon. Eni Faleomavaega | Page 2 of 8

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| Continental Airlines | spouse salary | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Hon. Eni Faleomavaega



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Examples: SP — Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| Examples: DC — Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| Examples: JT — 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| American Express Minneapolis, MN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Dimensions - A | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| New Dimensions - B | | | | x | | | | | | | | | | | | x | | | | | | | | x | | | | | | | |
| Bond - Class B | | | x | | | | | | | | | | x | | | | | | | | | x | | | | | | | | | |
| High Yield Tax Exempt - B | | | x | | | | | | | | | | x | | | | | | | | | x | | | | | | | | | |
| Growth - Class B | | | x | | | | | | | | | | | | | x | | | | | | x | | | | | | | | | |

**For additional assets and unearned income, use next page.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hon. Eni Faleomavaega



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Utilities Income - B | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | Managed Allocation - A | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | S |
| | Managed Allocation - B | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | International - ClassA | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | S |
| | International -Class B | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | Flexible Annuity | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | New Demensions - A | | | | X | | | | | | | | | X | | | X | | | | (IRA) | | | | | | | | | | | |
| T. | Rowe Price; Baltimore, | MD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Financial Services Fund | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | S |
| | Midcap Growth Fund | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | S |
| | Value Fund | X | | | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | S |
| | Midcap Value Fund | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | S |
| | Equity Index 500 Fund | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | S |
| | Small Cap Value Fund | X | | | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | S |
| Janus Funds: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Enterprise Fund | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | Global Life Sciences F | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | Global Technology Fund | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| Fidelity Mid-Cap Stock Fund | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| American Express Retirement | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
| | Advisor Annuity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Hon. Eni Faleomavaega



| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | |
| SP | *Example:* | Mega Corporation Common Stock | x | | | 10–12–00 | | x | | | | | | | | |
| T. Rowe Price: | | | | | | | | | | | | | | | | |
| | Value Fund | | | x | | 1-7-00 | x | | | | | | | | | |
| | Financial Services Fund | | | x | | 1-7-00 | x | | | | | | | | | |
| | Equity Index 500 Fund | | | x | | 1-7-00 | x | | | | | | | | | |
| | Science & Technology Fund | | x | | | 1-7-00 | x | | | | | | | | | |
| | Science & Technology Fund | | | x | | 1-28-00 | x | | | | | | | | | |
| | Mid-Cap Value Fund | | | x | | 1-7-00 | x | | | | | | | | | |
| | Small-Cap Value Fund | | | x | | 1-7-00 | x | | | | | | | | | |
| | Mid-Cap Growth Fund | | | x | | 1-7-00 | x | | | | | | | | | |
| Janus: | | | | | | | | | | | | | | | | |
| | Twenty Fund | | x | | | 1-7-00 | x | | | | | | | | | |
| | Twenty Fund | | | x | | 3-2-00 | x | | | | | | | | | |
| | Mercury Fund | | x | | | 1-7-00 | x | | | | | | | | | |
| | Mercury Fund | | | x | | 3-2-00 | x | | | | | | | | | |
| | Enterprise Fund | | x | | | 3-2-00 | x | | | | | | | | | |
| | Global Life Sciences Fund | | x | | | 1-28-00 | x | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Hon. Eni Faleomavaega

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| Janus Funds (continued) | | | | | | | | | | | | | | | |
| | Global Technology Fund | X | | | 1-7-00 | X | | | | | | | | | |
| Fidelity Funds | | | | | | | | | | | | | | | |
| | Mid-cap Stock Fund | X (Note: No one purchase was reportable) | | | | | | | | | | | | | |
| | Aggressive Growth Fund | X | | | 3-2-00 | X | | | | | | | | | |
| | Aggressive Growth Fund | | X | | 6-5-00 (Note: Amount of sale was below reporting threshold but brought value of asset below $1,000 at end of year) | | | | | | | | | | |
| American Express Funds: | | | | | | | | | | | | | | | |
| | New Dimentions - A | | X | | 10-20-00 | | X | | | | | | | | |
| | Managed Allocation - A | | X | | 10-20-00 | X | | | | | | | | | |
| | International - Class A | | X | | 10-20-00 | X | | | | | | | | | |
| | Retirement Advisor Annuity | X | | | 10-23-00 | | X | | | | | | | | |

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Name Hon. Eni Faleomavaega



## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | Wright Patman Congressional Credit Union Washington, DC | credit card | x | | | | | | | | | |
| | United Services Automobile Association San Antonio, TX | credit card | x | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | | Description | Value |
|---|---|---|---|
| *Example* | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | | |
| | | | |
| | | | |
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| | | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | USO Missouri (travel) and Howard Johnson Hotels (lodging) | March 6 | Wash DC -- Kansas City MO | y | y | n | no |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

(8)

LEGISLATIVE RESOURCE CENTER

2001 MAY 15 PM 5:42

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
(Office Use Only)

Samuel Farr
(Full Name)

1221 Longworth House Office Building
(Mailing Address)

Daytime Telephone

Washington, DC 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: California Distnct: 17 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Sam Farr | 05/15/01 |

1271

Name SAM FARR



## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | FINANCIAL TRANSITIONS INSTITUTE | SPOUSES INCOME | NA |
| | HOSPICE OF MONTEREY | SPOUSES INCOME | NA |
| | MONTEREY CREDIT UNION | SPOUSES INCOME | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name SAM FARR



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | Block B | | | | | | | | | | Block C | | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* | SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Chevy Chase Land Co. | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| | Devil's Flat Assn. | | | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Point 16, Big Sur, CA | | | | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | |
| | Sharlands Investment Co | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Columbia Channel Gold Mine | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Interest/ CA State Ret. | | | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sam Farr



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | Sorensen's Resort | | | | X | | | | | | | | | | | | | | | Partner | | | | | X | | | | | | |
| | Tahoe Cabin | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | Lots 7,9,10 SE | | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | |
| | Corner of Lucia & | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Real in Carmel, CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | The following were | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | acquired as a result | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | of father's death& | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | dissolution of the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Janet H. Farr Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Agilent Technologies | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Avaya | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Boeing Co. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Bristol Myers Squibb | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Chevron Corp. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Colgate Palmolive | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | General Electric | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Hewlett Packard | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Intel Corp. | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | IBM Corp. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sam Farr



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | | BLOCK C Type of Income | | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | Lucent Technologies | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Merk and Co. | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Motorola Inc. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Pfizer Inc. | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Hartford Fin. Serv. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Washington Mutual | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Vista Lobos Apts. | | | | | | X | | | | | | | | | X | | | | | | | | | | | | X | | | | |
| | (interest held | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | thruogh Farr childrens | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Trust and Delores | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Farr Trust, filer is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50% benficiary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Morgan Stanley | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Dean Witter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (mutual funds & | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | money market) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Congressional Credit | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Union Savings Acct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Congressional Credit | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | Union IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Sam Farr



| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Washington Mutual Stock | | X | | 4/12/00 | X | | | | | | | | | |
| | Tyco International Ltd. | | X | | 4/12/00 | X | | | | | | | | | |
| | Distribution: Agilent Technologies | | | | 6/2/00 | | X | | | | | | | | |
| | from Hewlet Packard | | | | | | | | | | | | | | |
| | Avaya from Lucent | | | | 9/29/00 | | | | | | | | | | |

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Name Sam Farr | Page 7 of 8

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | CaliforniaBanktrust | Mortgage on Home | | | | | X | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | | | | | | | |
| | Congressional Economic | 11/27/00- | Washington DC - Brussels | Y | Y | Y | N |
| | Leadership Institute | 12/04/00 | Belgium - Venice - DC | | | | |
| | (CELI) | | | | | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**Form A**
For use by Members, officers, and employees

(4)

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:04
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Chaka Fattah
(Full Name)

3939 Netherfield Road
(Mailing Address)

Philadelphia PA 19129

Daytime Telephone: 202-225-4001

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: PA District: 02 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

| CERTIFICATION | SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month/Day/Year) |
|---|---|---|
| **I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.** | Chaka Fattah | 5/15/01 |

1279

| Name Chaka Fattah | Page ___ of ___ |
|---|---|

## SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | *Association of American Associations, Wash., D.C.* | *Speech* | *Feb. 2, 1999* | *$2,000* |
| | *XYZ Magazine* | *Article* | *Aug. 13, 1999* | *$ 500* |
| | College Board | Speech | April 2, 2000 | $1,000 00 |
| | Barbara Scotia College | Speech | May 13, 2000 | $2,000 00 |

| Name Chaka Fattah | Page ____ of ____ |
|---|---|

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.<br><br>**Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. | For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year |
| SP<br>DC *Examples:* SP 123 Main St., Dover, Del.<br>JT 1st Bank of Paducah, KY accounts | Mega Corp. Stock<br>$15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| PA State Employee Retirement System | $50,001 - $100,000 | Pension reported as earned income | $2,501 - $5,000 | NA |
| | | | | |

| Name Chaka Fattah | Page ____ of ____ |
|---|---|

## SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Board Member | Center for Human Advancement |
| Board Member | Philadelphia Urban League |
| Board Member | Family Charter School |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

(9) **HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 2:48
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MICHAEL A. FERGUSON
(Full Name)

6 BROKEN ARROW ROAD WARREN, NJ 07059
(Mailing Address)

(908) 542-0912
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: NEW JERSEY District: 7TH | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Michael Ferguson | 5-15-01 |

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | STRATEGIC EDUCATION INITIATIVES, INC. | CONSULTING FEE | $2,000 |

For payments to charity in lieu of honoraria, use Schedule II.

Name MICHAEL A. FERGUSON | Page 4 of 10

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
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Name MICHAEL A. FERGUSON | Page 5 of 10

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please spscify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | BLOCK A | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Type (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp. Stock | SP | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| DC | *Examples:* Simon & Schuster | | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | MERRILL LYNCH CMA ACCOUNT | | | | | | | | | X | | | | | X | | X | | | | | | | | | X | | | | | | | |
| | AMERICAN FUNDS GROUP IRA | | | | X | | | | | | | | | | | | N/A | | | | | | | | N/A | | | | | | | | |
| SP | PAINE WEBBER IRA | | | | | X | | | | | | | | | | | N/A | | | | | | | | N/A | | | | | | | | |
| | PAINE WEBBER IRA | | | | X | | | | | | | | | | | | N/A | | | | | | | | N/A | | | | | | | | |
| | MERRILL LYNCH ROTH IRA | | | | X | | | | | | | | | | | | N/A | | | | | | | | N/A | | | | | | | | |
| SP | MERRILL LYNCH ROTH IRA | | | | X | | | | | | | | | | | | N/A | | | | | | | | N/A | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL A. FERGUSON

Page 6 of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| JT | ABBOT LABORATORIES | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | JOHNSON & JOHNSON | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | PFIZER INC. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| JT | SCHERING PLOUGH | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| JT | BAXTER INTERNATIONAL | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name MICHAEL A. FERGUSON

Page 7 of 10

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | |
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |

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Name MICHAEL A. FERGUSON | Page 8 of 10

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
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Use additional sheets if more space is required

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| BOARD MEMBER | ROBERTA AND THOMAS FERGUSON FAMILY FOUNDATION |
| | |
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## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

HAND DELIVERED

(9)

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 3:14
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

BOB FILNER
(Full Name)

2463 RAYBURN HOUSE OFFICE BLDG.
WASHINGTON, DC 20515
(Mailing Address)

Daytime Telephone: 225-7933

Filer Status: [X] Member of the U.S. House of Representatives — State: CA District: 50 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Bob Filner | 5/14/01 |

1292

Name BOB FILNER Page 2 of 9

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | SELF-EMPLOYED CONSULTANT | SPOUSE SALARY | NA |
| | PUBLIC EMPLOYEES RETIREMENT SYSTEM | PENSION | $11,293 |
| | | | |
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For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BOB FILNER

Page 3 of 9

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A: Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E: Transaction (P, S, or E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | CNA Money Fund (Merrill Lynch) | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | S |
| | GUARDIAN MUTUAL FUND (NEUBERGER + BERMAN) | | | X | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

Page 4 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NL TECHNOLOGY VENTURES | | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | | |
| | NATL HEALTH INSU CO #1 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | NUVEEN CA-TAX FREE FUND | X | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | S |
| | OCTUS, INC. | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | SAN DIEGANS for BOB FILNER | | | | | X | | | | | | | | | | | (NA) | | | | X | | | | | | | | | | | |
| | USE CREDIT UNION | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

Page 5 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BANK of AMERICA (CHECKING) | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | CONGRESSIONAL FCU | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | LA. COUNTY SANIT. BONDS | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | ML IRA (MERRILL-LYNCH) | X | | | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | | S |
| | S.D. COUNTY CTFS BOND-2001 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | S.D. COUNTY CTFS BOND-2001 | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | CALIF. HEALTH FCS BOND | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | NAT'L HEALTH INSUR. CO. #2 | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | FRESNO SCHOOL DIST. BOND | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | IRA - MESIROW FINANCIAL | | | | | X | | | | | | | | X | | | X | | | | | | | | | X | | | | | | P |
| | RESERVE MONEY FUND (MESIROW) | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | GE LIFE COMPREHENSIVE PLAN | | | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | ROSLA CA SCHOOL DIST BOND | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | FRESNO CA SWM BOND | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | P |
| | LONG BEACH CA BOND | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | CALIF MPPA BOND | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | P |
| | AT & T CORP STOCK | X | | | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | | P, S |
| | ABBOTT LABS STOCK | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | CHASE MANHATTAN STOCK | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | OGLEBAY & STATE STOCK | X | | | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P, S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER



| BLOCK A Asset and/or Income Source | SP, DC, JT | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GOODYR TIRE + RUBBER STOCK | | X | | | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | | P, S |
| HELLER FINL INC STOCK | | X | | | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P, S |
| KULICKE + SOFFA STOCK | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| LSI LOGIC CORP. STOCK | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| MIPS TECH. INC. STOCK | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| MOTOROLA INC. STOCK | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| NOVELL INC. STOCK | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name BOB FILNER

Page 7 of 9

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H1 $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | CMA MONEY FUND (MERRILL-LYNCH) | | X | | 1-2-00 | X | | | | | | | | | |
| | NUVEEN CA - TAX FREE FUND | | X | | 1-2-00 | | | | | X | | | | | |
| | ML IRA (MERRILL-LYNCH) | | X | | 1-2-00 | | X | | | | | | | | |
| | IRA - MESIROW FINANCIAL | X | | | 1-2-00 | | X | | | | | | | | |
| | RESERVE MONEY FUNDS (MESIROW FIN) | X | | | 1-2-00 | X | | | | | | | | | |
| | GE LIFE COMMONWEALTH ANNUITY | X | | | 7-7-00 | | | | X | | | | | | |
| | ROBLA CA SCHOOL DIST BONDS | X | | | 5-24-00 | | X | | | | | | | | |
| | FRESNO CA SWM BONDS | X | | | 5-26-00 | | X | | | | | | | | |
| | LONG BEACH, CA BONDS | X | | | 5-30-00 | | X | | | | | | | | |
| | CALIF. HFFA BONDS | X | | | 5-31-00 | | X | | | | | | | | |
| | AT&T CORP STOCK | X | X | | 5-25-00 11-21-00 | X | | | | | | | | | |
| | ABBOTT LABS STOCK | X | | | 5-25-00 | X | | | | | | | | | |
| | CHASE MANHATTAN CORP STOCK | X | | | 5-25-00 | X | | | | | | | | | |
| | CONERANT SYSTEMS INC STOCK | X | X | | 5-25-00 5-30-00 | X | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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## SCHEDULE IV — TRANSACTIONS

Name BOB FILNER

Page 8 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | GOODYEAR TIRE + RUBBER STOCK | X | X | | 8-16-00<br>11-27-00 | X | | | | | | | | | |
| | HELLER FINL INC. STOCK | X | X | | 5-31-00<br>9-6-00 | X | | | | | | | | | |
| | KULICKE + SOFFA STOCK | X | | | 9-5-00 | X | | | | | | | | | |
| | LSI LOGIC CORP. STOCK | X | | | 9-15-00 | X | | | | | | | | | |
| | MIPS TECH. INC. STOCK | X | | | 5-31-00 | X | | | | | | | | | |
| | MOTOROLA INC. STOCK | X | | | 5-25-00 | X | | | | | | | | | |
| | NOVELL INC. STOCK | X | | | 9-15-00 | X | | | | | | | | | |

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Name BOB FILNER | Page 9 of 9

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | FAITH & POLITICS INSTITUTE | MAR 3-5 | WASH, DC — ALABAMA — WASH, DC | Y | Y | Y | N |
| | AMERICAN HELLENIC COUNCIL | MAY 20-22 | WASH, DC — LOS ANGELES, CA — WASH, DC | Y | Y | N | N |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

JEFFRY LANE FLAKE
(Full Name)

4222 E McLellan #19 mesa, AZ 85205
(Mailing Address)

Daytime Telephone 480-854-3118

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: AZ District: 1 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [ ] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Jeff Flake | 5-15-00 |

1301

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | ARIZONA SCHOOL CHOICE TRUST | CONSULTANT | 40,000 |

For payments to charity in lieu of honoraria, use Schedule II.

Name Jeff FLAKE | Page 3 of 5

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| UNIVERSITY OF PHOENIX ADVISORY COUNCIL | BOARD MEETINGS | JAN, MAR 2000 | $1,000 |

This page may be copied if more space is required.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jeff FLAKE



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp. Stock | SP | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC | Simon & Schuster | | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | X | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | INTEL CORP | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CISCO SYSTEMS | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | APOLLO Group | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| | EQUITABLE MUTUAL FUND | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

1804

| Name | Page 5 of 5 |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| DIRECTOR | GOLDWATER INSTITUTE |
| DIRECTOR | ARIZONA SCHOOL CHOICE TRUST |
| DIRECTOR | UNIVERSITY OF PHOENIX ADVISORY COUNCIL |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

# SCHEDULE VIII - POSITIONS

Nam William D. Delahunt



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Member, Board of Directors | Mas chusetts Association for Mental Health |

WILLIAM D. DELAHUNT
TENTH DISTRICT, MASSACHUSETTS

1317 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3111
www.house.gov/delahunt

SOUTH SHORE
1-800-164-9111
1495 HANCOCK STREET
QUINCY
156 MAIN STREET
BRAINTREE

CAPE COD & ISLANDS
1-800-870-7626
148 MAIN STREET
HYANNIS

# Congress of the United States
## House of Representatives
Washington, DC 20515–2110

COMMITTEE ON THE JUDICIARY
SUBCOMMITTEES ON
COURTS AND INTELLECTUAL PROPERTY
COMMERCIAL AND ADMINISTRATIVE LAW

COMMITTEE ON
INTERNATIONAL RELATIONS
SUBCOMMITTEES ON
INTERNATIONAL ECONOMIC POLICY AND TRADE
INTERNATIONAL OPERATIONS
AND HUMAN RIGHTS

CO-CHAIR, CONGRESSIONAL COAST GUARD CAUCUS
CO-CHAIR, OLDER AMERICANS CAUCUS

8

June 11, 2001

MC

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Mr. Jeff Trandahl
Clerk of the House
US House Of Representatives
H-154, The Capitol
Washington, D.C. 20515

Dear Mr. Trandahl:

In my financial disclosure statement for calendar year 2000, please substitute the enclosed Schedules III and IV for those submitted with the form I filed on May 15, 2001.

Sincerely,

William D. Delahunt

Enclosure

PRINTED ON RECYCLED PAPER

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HAND DELIVERED

# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees



William D. Delahunt
(Full Name)

1317 Longworth House Office Building Washington, DC 20515
(Mailing Address)

202-225-3111
Daytime Telephone:

**Filer Status** ☑ Member of the U.S. House of Representatives — State: MA District: 10 — Officer Or Employee — Employing Office: C

**Report Type** — Annual (May 15) ☑ Amendment — Termination — Termination Date:

**Late Filing Fee** — A $200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4. § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Bill Delahunt | 6-11-01 |

1308

# SCHEDULE I - EARNED INCOME

Nam William D. Delahunt



**List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.**

| Source | Type | Amount |
|---|---|---|
| Commonwealth of Massachusetts Retirement System | Pension | $54,207.72 |

# SCHEDULE III - ASSETS AND "UNE

Nam William D. Delahunt

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold ($), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Commonwealth of Massachusetts Deferred Compensation Plan | $250,001 - $500,000 | Interest | $15,001 - $50,000 | |
| JT | Janus Global Life Mutual Fund | $10,000 - $20,000 | Dividends | $201 - $1,000 | P |
| JT | Janus Special Situation Fund | $5,000 - $10,000 | Dividends | $201 - $1,000 | P |
| | Citizens Bank, Quincy MA | $20,000 - $25,000 | Interest | $1,001 - $2,500 | |

# SCHEDULE IV - TRANSACTIONS

Nam William D. Delahunt



**Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.**

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Janus Global Life Mutual Fund | P | 04-03-00 | $1,001 - $15,000 |
| JT | Janus Global Life Mutual Fund | P | 05-02-00 | $1,001 - $15,000 |
| JT | Janus Global Life Mutual Fund | P | 06-02-00 | $1,001 - $15,000 |
| JT | Janus Global Life Mutual Fund | P | 07-03-00 | $1,001 - $15,000 |
| JT | Janus Global Life Mutual Fund | P | 08-02-00 | $1,001 - $15,000 |
| JT | Janus Global Life Mutual Fund | P | 09-05-00 | $1,001 - $15,000 |
| JT | Janus Global Life Mutual Fund | P | 10-02-00 | $1,001 - $15,000 |
| JT | Janus Global Life Mutual Fund | P | 11-02-00 | $1,001 - $15,000 |
| JT | Janus Global Life Mutual Fund | P | 12-04-00 | $1,001 - $15,000 |
| JT | Janus Global Life Sciences Fund | P | 03-06-00 | $1,001 - $15,000 |
| JT | Janus Global Life Sciences Fun | P | 04-03-00 | $1,001 - $15,000 |
| JT | Janus Global Life Sciences Fund | P | 05-02-00 | $1,001 - $15,000 |

# SCHEDULE IV - TRANSACTIONS

Nam William D. Delahunt



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Janus Global Life Sciences Fund | P | 06-02-00 | $1,001 - $15,000 |
| JT | Janus Global Life Sciences Fund | P | 07-03-00 | $1,001 - $15,000 |
| JT | Janus Global Life Sciences Fund | P | 08-02-00 | $1,001 - $15,000 |
| JT | Janus Global Life Sciences Fund | P | 09-05-00 | $1,001 - $15,000 |
| JT | Janus Global Life Sciences Fund | P | 10-02-00 | $1,001 - $15,000 |
| JT | Janus Global Life Sciences Fund | P | 11-02-00 | $1,001 - $15,000 |
| JT | Janus Global Life Sciences Fund | P | 12-04-00 | $1,001 - $15,000 |

# SCHEDULE VII - TRAVEL PAYMENTS AN

Nam William D. Delahunt



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Retailors Association of Massachusetts | July 15 | Quincy, MA -- Martha's Vineyard -- Quincy, MA | Y | Y | N | n/a |

# SCHEDULE VIII - POSITIONS

Nam William D. Delahunt



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Member, Board of Directors | Massachusetts Association for Mental Health |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

HAND DELIVER

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2001 MAY 15 PM 3:54
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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

14

MC

Rosa L. DeLauro
(Full Name)

49 Huntington Street
(Mailing Address)

202-225-3661
Daytime Telephone:

New Haven, CT 06511

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: CT District: 3rd | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Rosa DeLauro | 5/15/01 |

131.5

Name Rosa L. DeLauro Page 1 of 1

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Greenberg Quinlan Research, Inc. | Spouse Salary | N/A |
| | Greenberg Research, Inc. | Spouse Salary | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Rosa L. DeLauro

Page 1 of 2

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the Instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENTS | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC | *Examples:* Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| JT | Chase Manhattan Escrow | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | Fleet,Ct Scholarship Fund | | X | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Sequoia Natl Bank,DC Chkg | | | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | |
| S | Sequoia Natl Bank,DC Svgs | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| S | Sequoia Natl Bank,DC Svgs | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro | Page ___ of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; EXCEPTED INVESTMENT; Other Type of Income (Specify) | I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000 | P, S, E |
| JT | MERRILL LYNCH-JOINT | | | | |
| | Pimco Innovation Fund | E | DIVIDENDS | III | P |
| | American Wash Mut Invstrs | E | DIVIDENDS | III | P |
| | ML CMA MMF | C | DIVIDENDS | | |
| | Davis Ser Finan Fd B | C | | III | |
| | Putnam Voyager Fd II | C | DIVIDENDS | | P |
| | | | | | |
| | MERRILL LYNCH | | | | |
| | Aim Blue Chip Fd | D | | I | P |
| | Aim International Fd | D | | | P |
| | Aim Value Fd | D | DIVIDENDS | | P |
| | ML Fund Growth B | D | DIVIDENDS | | P |
| | ML Global Value Fund | D | DIVIDENDS | | P |
| | ML Banking Advantage MMF | A | INTEREST | III | |
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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page ___ of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | TIAA RETRMT | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| SP | CREF RETRMT | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | |
| | TIAA RETRMT | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| | CREF RETRMT | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page ___ of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1,001 – $2,500 | III $2,501 – $5,000 | IV $5,001 – $15,000 | V $15,001 – $50,000 | VI $50,001 – $100,000 | VII $100,001 – $1,000,000 | VIII $1,000,001 – $5,000,000 | IX $5,000,001 – $25,000,000 | X Over $25,000,000 | XI | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | MERRILL LYNCH-GREENBERG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | QUINLAN RESEARCH P/S: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Zero Treaury | | | | X | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | Zero Financing Corp | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | Nations Marsico Fd | | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | P |
| | Pimco Innovation Fd | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | P |
| | Putnam Voyager Fd II | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Munder Net Net Fd | | X | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| | Davis NY Venture Fd A | | | | | X | | | | | | | X | | | X | | | | | | | | X | | | | | | | P |
| | Amer Wash Mutual Inv Fd | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | S |
| | ML CMA MMF | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| | American Euro Pacific Fd | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| | American Growth Fd of Amer | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| | American New Perspective Fd | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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SCHEDULE III — ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENTS | INTEREST | DIVIDEND/INTEREST EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | P, S, E |
| | The following asset is held in joint name with mother, Louise DeLauro for estate purposes only. Asset is under control of and all income is reported by joint tenant, Louise DeLauro. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fleet Checking | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page ___ of ___

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Political Properties- | X | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | S |
| | general partnership- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 29.99% owner - commercial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | rental in Washington,DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Greenberg Quinlan Research | | | | | | | | | | | | SEE STATEMENT I | | | | | | | X | | | | | | | | | | | |
| | Inc-67% owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 G Street, NE Wash,DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Polling/consulting services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Greenberg Research Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100% owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 G Street, NE Wash,DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strategic Consulting | | | | | | X | | | | | | SEE STATEMENT II | | | | | | | X | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Basement Rental- | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| | 816 E Capitol St.NE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Washington, DC 20002 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Converted to personal use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8/15/00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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## SCHEDULE IV — TRANSACTIONS

Name Rosa L. DeLauro

Page 1 of 4

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | MERRILL LYNCH-JOINT: | | | | | | | | | | | | | | |
| | Putnam Voyager Fd II | | | | 1/7/00 | | X | | | | | | | | |
| | Pimco Innovation Fd | | | | 1/7/00 | | X | | | | | | | | |
| | Putnam Voyager Fd II | | | | 12/18/00 | | | | | | | | | | |
| | American Was Mut Invstrs | | | | 12/27/00 | | | | | | | | | | |
| | Pimco Innovation Fd | | | | 12/13/00 | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Rosa L. DeLauro



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10–12–00 | | X | | | | | | | | |
| | MERRILL LYNCH | | | | | | | | | | | | | | |
| | Aim Value Fund | | | | 6/8/00 | | X | | | | | | | | |
| | ML Fundamental Growth B Fd | | | | 6/8/00 | | X | | | | | | | | |
| | Aim International Fund | | | | 6/8/00 | | X | | | | | | | | |
| | ML Global Value Fund | | | | 6/8/00 | | X | | | | | | | | |
| | Aim Blue Chip Fund | | | | 6/8/00 | | X | | | | | | | | |
| | Aim International Fund | | | | 12/15/00 | | | | | | | | | | |
| | Aim Value Fund | | | | 12/19/00 | | | | | | | | | | |
| | ML Fundamental Growth B Fd | | | | 12/21/00 | | | | | | | | | | |
| | ML Global Value Fund | | | | 12/26/00 | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Rosa L. DeLauro



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10-12-00 | | X | | | | | | | | |
| SP | MERRILL LYNCH-GREENBERG QUINLAN RESEARCH,INC. | | | | | | | | | | | | | | |
| | PROFIT SHARING: | | | | | | | | | | | | | | |
| | American Euro Pacific Growth Fund | | | | 4/17/00 | | | | | | | | | | |
| | American Growth Fund of America | | | | 4/17/00 | | | | | | | | | | |
| | American New Perspective Fund | | | | 4/17/00 | | | | | | | | | | |
| | American Washington Mutual Investors Fund | | X | | 4/17/00 | | | | | | | | | | |
| | Nations Marsico Fund | | | | 6/30/00 | | | | | | | | | | |
| | Davis NY Venture Fund A | | | | 6/30/00 | | | | | | | | | | |
| | Davis NY Venture Fund A | | | | 12/4/00 | | | | | | | | | | |
| | Pimco Innovation Fund | | | | 12/13/00 | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Rosa L. DeLauro



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: A $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H1 $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10–12–00 | | X | | | | | | | | |
| JT | Political Properties-general partnership-29.99% owner-commerical rental in Washington DC | | X | | 12/12/00 | | | | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Fellow | Timothy Dwight College - Yale University |
| Director | (Hippy USA) Home Instruction Program for Preschool Youngsters |
| Director | Kids for Life |
| Director | Women's Campaign School - Yale University |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 2001 70-729 (mac)

**Use additional sheets if more space is required.**

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

**ATTACHMENTS: BASIS OF VALUATION**

**Statement I, Schedule III, Page 6:**

Greenberg Quinlan Research, Inc. – Ownership value based on an independent business valuation.

**Statement II, Schedule III, Page 6:**

Greenberg Research, Inc. – Ownership value based on an independent business valuation.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

(8)

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

(Office Use Only)

Thomas Dale DeLay
(Full Name)

H-107, The Capitol
Washington, DC 20515
(Mailing Address)

202/225-0197
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives | State: TX District: 22 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☒ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☒ | No ☐ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☒ | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☒ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☒ | No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☒ | No ☐ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Thomas D. DeLay | 05.08.01 |

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Name Tom DeLay | Page 2 of 8

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Alexander Strategy Group | Spouse Salary | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

Name Tom DeLay Page 3 of 8

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | Block B | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* | SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Exxon Mobil Common Stock | | | | | | X | | | | | | | | | X | | | X | | | | | | | | | X | | | | | | S |
| JT | Congressional Credit Union | | | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| JT | Wells Fargo Bank, TX | | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | First Union IRA: | | | | | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| SP | Evergreen M/M | | | | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| SP | U.S. Treasuries | | | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | S |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name Tom DeLay



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | Exxon Mobil Common Stock | | X | | 10-9-00 | | X | | | | | | | | |
| SP | U.S. Treasuries | | X | | 1-3-00 | X | | | | | | | | | |

This page may be copied if more space is required.

Name Tom DeLay | Page 5 of 8

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Bracewell & Patterson L.L.P., Houston, TX | Legal Expense (DCCC v. DeLay, et al. – case concluded and dismissed with prejudice, 4/5/01) | | | | | X | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| Delores Owen, Reno, NV | Contribution to Legal Expense Trust Fund | $1,005.00 |
| Radcliffe Killian, Laredo, TX | Contribution to Legal Expense Trust Fund | $1,000.00 |
| Mr. & Mrs. John Hull, Charlottesville, VA | Contribution to Legal Expense Trust Fund | $500.00 |
| Mr. Paul E Martin, Houston, TX | Contribution to Legal Expense Trust Fund | $500.00 |
| Mr. John Speer, Houston, TX | Contribution to Legal Expense Trust Fund | $500.00 |

Use additional sheets if more space is required

| Source | Description | Value |
|---|---|---|
| Mr. James W. Speights, San Antonio, TX | Contribution to Legal Expense Trust Fund | $500.00 |
| Mr. Henry F. Broesche, Houston, TX | Contribution to Legal Expense Trust Fund | $300.00 |
| Dr. William Donald Oliver, Everett, WA | Contribution to Legal Expense Trust Fund | $256.00 |
| Mr. & Mrs. H. Norman Eagleton, Sugar Land, TX | Contribution to Legal Expense Trust Fund | $1,000.00 |
| B.J. Connor, Houston, TX | Contribution to Legal Expense Trust Fund | $300.00 |
| Ms. Cynthia Simons, Tyler, TX | Contribution to Legal Expense Trust Fund | $350.00 |
| Mrs. Eugenia Kelly, San Jose, CA | Contribution to Legal Expense Trust Fund | $500.00 |
| Mr. Ralph L. Stephens, Santa Barbara, CA | Contribution to Legal Expense Trust Fund | $500.00 |
| Mr. & Mrs. George A. Angle, Wichita, KS | Contribution to Legal Expense Trust Fund | $500.00 |
| E. E. Reed, Sugar Land, TX | Contribution to Legal Expense Trust Fund | $1,000.00 |

Name Tom DeLay | Page 7 of 8

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | National Center for Public Policy Research | May 25 – June 3 (within 7 day limit) | Wash, DC-London-Sutland-Houston | Y | Y | Y | N |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Chairman | Americans for a Republican Majority |
| Chairman | Business Leadership Trust |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 AM 11:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(7)

MC

James W. DeMint
(Full Name)

132 Coventry Rd.
Greenville, SC 29615
(Mailing Address)

864-232-1141
Daytime Telephone

(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: S.C. District: 4 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ No ☑ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☑ No ☐ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☑ No ☐ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Jim DeMint | 5/10/01 |

1337

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jim DeMint

Page 2 of 7

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, or E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* | SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | Mainstay (IRA) | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | Solomon Smith Barney (IRA) | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| | TSP Plan | | | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| SP | Solomon Smith Barney (IRA) | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | BB&T Corp | | | | | | X | | | | | | | | | X | | | | X | | | | | | X | | | | | | | | |
| DC | BB&T | | | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim DeMint

Page 3 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Comparc Bancshares Inc | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Data-stream Systems | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | NBT Bancorp Inc | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Nextel Communications | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Wachovia Corp | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC | Centennial Money Mkt. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | 100% Share: DeMint Marketing Management, Inc | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Jim DeMint

Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: ~~PURCHASE~~ GIFT X | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| SP | BB&T | | X | | | | | X | | | | | | | |
| SP | Compass Bancshares * | X | | | 1-1-00 | X | | | | | | | | | |
| SP | Data stream Systems * | X | | | 1-1-00 | X | | | | | | | | | |
| SP | NBT Bancorp * | X | | | 1-1-00 | X | | | | | | | | | |
| SP | Nextel Communications * | X | | | 1-1-00 | X | | | | | | | | | |
| SP | Wachovia Corp * | X | | | 1-1-00 | X | | | | | | | | | |
| SP | BB&T * | X | | | 1-1-00 | | X | | | | | | | | |
| | *Transfer from estate trust | | | | | | | | | | | | | | |

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Name Jim DeMint | Page 5 of 7

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| (see Schedule IV) | gifts from spouse's father's estate | |
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Name Jim DeMint | Page 6 of 7

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Citizens for a Sound Economy | July 16-17 | Greenville, S.C.-Orlando-Greenville | Y | Y | Y | N |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director | Greenville Family Partnership (non-profit drug prevention org.) |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| appr'x 1989 | DeMint Marketing Management | Upon my death, the proceeds of the life insurance policy disclosed on schedule III (100% share of DeMint Marketing Management, Inc.) would be used to buy the business from my wife. |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

RECEIVED
01 MAY 15 PM 4:27
(9)
HAND DELIVERED
(Office Use Only)

Lincoln DIAZ-BALART
(Full Name)

8525 NW 53 TERRACE
MIAMI, FLA. 33178
(Mailing Address)

Daytime Telephone: (305) 470-8555

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: FL District: 21 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

***A $200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | 5-15-2001 |

| Name | DIAZ-BALART | Page 2 of 9 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | MIRAMAR Securities, Miami, FLA. | Spouse salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

Name DIAZ-BALART | Page 3 of 9

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DIAZ-BALART



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP. | | SP | Mega Corp Stock | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC. | *Examples:* | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | |
| JT | 6820 S.W. 94 AVE. MIAMI, FLA. 33173 | | | | | | | | X | | | | | | | | | | | | | | | | | | X | | | | | | |
| JT | 900 N. STAFFORD ARLINGTON, VA. | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fidelity Puritan Fund | | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | AG Edwards + Son | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | Citibank Savings | | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | 1993 Ford | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DIAZ-BALART

Page 5 of 8

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | The New England Life Insurance Policy | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name DIAZ-BALART | Page 6 of 9

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | N/A | | | | | | | | | | | | | | | |

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Name DIAZ-BALAAT | Page 7 of 9

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Union Planters | MORTGAGE 6920 SW 94 Ave, Miami, FLA | | | | X | | | | | | |
| JT | GMAC MORTGAGE | MORTGAGE 900 N. STAFFORD, ARLINGTON, VA | | | X | | | | | | | |
| JT | NATIONS BANK (BECAME BANK of America) | Line of Credit | | X | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| N/A | | |
| | | |
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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| N/A | |
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## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/A | |
| | | |
| | | |
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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees



NORMAN D. DICKS
(Full Name)

2467 RAYBURN HOB WASHINGTON, DC 20515
(Mailing Address)

202-225-5916
Daytime Telephone:

MC **HAND DELIVERED**
(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: WA — District: 06 | ☐ Officer Or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Norman D. Dicks | 5/10/2001 |

1353

## SCHEDULE I - EARNED INCOME

**Name** NORMAN D. DICKS



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| US CAPITOL HISTORICAL SOCIETY | SPOUSE SALARY | N/A |

## SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name NORMAN D. DICKS



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| CH2MHILL, WASH.,D.C. | SPEECH | MAY 10, 2000 | $1,000 |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NORMAN D DICKS



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Massachusetts Mutual Life Ins, OPP Global Securities, Springfield, MA IRA | $15,001 - $50,000 | DIVIDENDS | NONE | E |
| | Massachusetts Mutual Life Ins, OPP Global Securities, Springfield, MA IRA | $1,001 - $15,000 | DIVIDENDS | NONE | E,S |
| SP | Lincoln Life, P.O. Box 2340, Fort Wayne, IN 46801 Annuity | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| | Allianz Life Ins of North America, Minneapolis, MN IRA | $1,001 - $15,000 | NA | NA | E |
| SP | Allianz Life Ins of North America, Minneapolis, MN IRA | $1,001 - $15,000 | NA | NA | E |
| | Wright Patman CFCU, Washington, DC account | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NORMAN D. DICKS



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Nuveen Sector Portfolio Bandwidth, Legg Mason Wood Walker, Inc, Washington, DC | $1,001 - $15,000 | | NONE | P |
| Van Kampen Focus Pharmaceutical, Legg Mason Wood Walker Inc, Washington, DC | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| Van Kampen Focus Internet Trust, Legg Mason Wood Walker Inc, Washington, DC | $1,001 - $15,000 | | NONE | P |
| Legg Mason Value Trust, Legg Mason Wood Walker Inc, Washington, DC | None | CAPITAL GAINS | $1,001 - $2,500 | S |

## SCHEDULE IV - TRANSACTIONS

Name NORMAN D. DICKS



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | Massachusetts Mutual Life Ins, from MML Blend to OPP Global Securities Springfield, MA IRA | E | 2-07-00 | $15,001 - $50,000 |
| | Massachusetts Mutual Life Ins, from MML Blend to OPP Global Securities Springfield, MA IRA | E | 2-07-00 | $15,001 - $50,000 |
| | Allianz Life Ins of North America, Minneapolis, MN to Massachusetts Mutual Life Ins MML Blend IRA | E | 5-11-00 | $1,001 - $15,000 |
| SP | Allianz Life Ins of North America, Minneapolis, MN to Massachusetts Mutual Life Ins MML Blend IRA | E | 5-11-00 | $1,001 - $15,000 |
| | Legg Mason Value Trust, Legg Mason Wood Walker Inc, Washington, DC | S | 2-09-00 | $15,001 - $50,000 |
| | Van Kampen Focus Pharmaceutical, Legg Mason Wood Walker Inc, Washington, DC | P | 2-10-00 | $1,001 - $15,000 |
| | Van Kampen Focus Internet Trust, Legg Mason Wood Walker Inc, Washington, DC | P | 2-10-00 | $1,001 - $15,000 |
| | Nuveen Sector Portfolio Bandwidth, Legg Mason Wood Walker Inc, Washington, DC | P | 2-10-00 | $1,001 - $15,000 |
| | Massachusetts Mutual Life Ins, OPP Global Securities, Springfield, MA | S | 6-21-00 | $1,001 - $15,000 |
| SP | Massachusetts Mutual Life Ins, MML Blend to OPP Global Securities, Springfield, MA IRA | E | 6-02-00 | $1,001 - $15,000 |
| | Massachusetts Mutual Life Ins, MML Blend to OPP Global Securities, Springfield, MA IRA | E | 6-02-00 | $1,001 - $15,000 |

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



HAND DELIVERED (19)

LEGISLATIVE RESOURCE CENTER

2001 MAY 15 PM 12: 27

(Office Use Only)

John D. Dingell
(Full Name)

2328 Rayburn HOB Washington, DC 20515
(Mailing Address)

202-225-4071
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: MI District: 16 | ☐ Officer Or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions–** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☑ No ☐ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | John D. Dingell | 5-10-2001 |

1359

# SCHEDULE I - EARNED INCOME

Nam John D. Dingell



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| General Motors Corporation | Spouse Salary | NA |

# SCHEDULE II - PAYMENTS IN LIEU OF HONO

Nam John D Dingell



**List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.**

| Source | Activity | Date | Amount |
|---|---|---|---|
| American Society of Anesthesiologists | Speech | March 21, 2000 | $1,500 |
| The Connell Company | Luncheon Seminar | May 2, 2000 | $2,000 |
| International Foundation Of Employee Benefit Plans | Speech | May 9, 2000 | $1,000 |

# SCHEDULE III - ASSETS AND "UNE

Nam John D. Dingell



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below: Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Smith Barney Appreciation Fund CL B | $1 - $1,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |
| JT | Smith Barney Money Funds Cash Port CL A | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| | Balcor Equity Pension Investors | None | | NONE | |
| JT | Smith Barney Appreciation Fund CL A | $50,001 - $100,000 | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | |
| | Bergstrom Cap Corp | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | |
| JT | Nicholas Fund, Inc | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | S |

# SCHEDULE III - ASSETS AND "UNE

Nam John D Dingell



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Liberty Acorn Fund Z (used to be Acorn Investment Trust) | $50,001 - $100,000 | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | |
| | Gabelli Asset Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | |
| JT | First Union Bank | $100,001 - $250,000 | INTEREST | $1,001 - $2,500 | |
| SP | Bank One | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| JT | General Electric Co | $50,001 - $100,000 | DIVIDENDS | $201 - $1,000 | |
| SP | General Mills Inc | None | | NONE | S |

# SCHEDULE III - ASSETS AND "UNE

Nam John D Dingell



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | General Motors Corp | $50,001 - $100,000 | DIVIDENDS | $2,501 - $5,000 | |
| SP | General Motors Corp CL H | $15,001 - $50,000 | DIVIDENDS | NONE | |
| SP | Marsh & McLennan Cos Inc | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Praxair Inc | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | Procter & Gamble Co | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| JT | Congressional Federal Credit Union | $1,001 - $15,000 | INTEREST | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNE

Nam John D Dingell



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | General Motors Deferred Savings Program | $500,001 - $1,000,000 | INTEREST | NONE | |
| SP | General Motors Pension Fund | None | DIVIDENDS | NONE | |
| | Gam International Fund | None | DIVIDENDS | $1,001 - $2,500 | S |
| | UTS Uncommon Values TR #98 A | None | | NONE | S |
| SP | UTS GMAC Def Int Deb-Princpl | $15,001 - $50,000 | DIVIDENDS | NONE | |
| | Adams Express Co Maryland | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | P |

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|---|---|---|---|---|---|
| | FPA Capital Fund Inc | None | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | S |
| SP | Bristol Myers Squibb Co | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |
| | UTS Equity Income Fund Dow 99-C | None | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | S |
| JT | Kent Hospital Fin Auth Mich Bond | $50,001 - $100,000 | INTEREST | $2,501 - $5,000 | |
| | Fannie Mae Remic | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| JT | Davis New York Venture Fund | $100,001 - $250,000 | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | |

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|---|---|---|---|---|---|
| | Salomon Bros Fund Inc | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | |
| JT | Dodge and Cox Stock Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | |
| | Heartland Value Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | |
| JT | Mutual Qualified | $100,001 - $250,000 | DIVIDENDS/CAPITAL GAINS | $15,001 - $50,000 | |
| | Mutual Shares | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | |
| JT | Mutual Beacon | $50,001 - $100,000 | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | |

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|---|---|---|---|---|---|
| SP | Electronic Data Sys Corp New | $50,001 - $100,000 | DIVIDENDS | $201 - $1,000 | |
| SP | AIM Aggressive Growth Fund Class A | $1,001 - $15,000 | CAPITAL GAINS | $1,001 - $2,500 | |
| JT | Brandywine Fund Inc | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $15,001 - $50,000 | |
| JT | The Torray Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | |
| JT | Smith Barney Municipal Money Market Fund | $50,001 - $100,000 | DIVIDENDS | $1,001 - $2,500 | |
| SP | Wal-Mart Stores Inc | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |

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|---|---|---|---|---|---|
| SP | Apple Computer Inc | $1,001 - $15,000 | | NONE | |
| SP | Raytheon Co Class A | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | General Motors Corp Stock Options | $1,000,001 - $5,000,000 | DIVIDENDS | NONE | |
| SP | Motorola | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | Legg Mason Value Trust | $50,001 - $100,000 | CAPITAL GAINS | $15,001 - $50,000 | P |
| JT | Alliance Premier Growth FD | $15,001 - $50,000 | CAPITAL GAINS | $2,501 - $5,000 | P |

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|---|---|---|---|---|---|
| SP | Broadwing Inc | $1,001 - $15,000 | | NONE | |
| JT | Citigroup Inc | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Delphi Automotive Systems Corp | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | EMC Corp - Mass | $15,001 - $50,000 | | NONE | |
| SP | Ingersoll Rand Co | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | Worldcom Inc (formerly MCI Worldcom) | $1,001 - $15,000 | DIVIDENDS | NONE | PS |

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|---|---|---|---|---|---|
| SP | Pfizer Inc | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | Tyco International LTD | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | P |
| | Compaq Computer Corp | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| | Merck & Co Inc | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Oppenheimer Global Fund | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| | Putnam Voyager FD Inc | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | P |

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|---|---|---|---|---|---|
| | UTS Uncommon Values TR #2000 | $15,001 - $50,000 | | NONE | P |
| SP | America Online Inc | $1,001 - $15,000 | | NONE | P |
| SP | Waste Mgmt Inc | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| SP | PIMCO Innovation Fund | $1,001 - $15,000 | DIVIDENDS | $1,001 - $2,500 | P |
| SP | IBM Corp | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | P |
| | VanKampen Emerging Growth Fund | $1,001 - $15,000 | DIVIDENDS | $2,501 - $5,000 | P |

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|---|---|---|---|---|
| Spectra Fund | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | P |
| Vista Mutual Fund Group<br>Growth & Income Fund | None | | NONE | S |

# SCHEDULE IV - TRANSACTIONS

Nam John D Dingell



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Adams Express Co Maryland | P | 11-22-00 | $1,001 - $15,000 |
| JT | Legg Mason Value Trust | P | 3-7-00 | $15,001 - $50,000 |
| JT | Alliance Premier Growth FD | P | 2/9-11/00 | $15,001 - $50,000 |
| SP | Tyco International LTD | P | 1/27/00 | $1,001 - $15,000 |
| | Compaq Computer Corp | P | 1/27/00 | $1,001 - $15,000 |
| | Oppenheimer Global Fund | P | 12/7/00 | $1,001 - $15,000 |
| | Putnam Voyager FD Inc | P | 11/16/00 | $15,001 - $50,000 |
| | UTS Uncommon Values TR #2000 | P | 7/27/00 | $15,001 - $50,000 |
| SP | America Online Inc | P | 3/27/00 | $15,001 - $50,000 |
| SP | Waste Mgmt Inc | P | 6/8/00 | $1,001 - $15,000 |
| SP | PIMCO Innovation Fund | P | 1/27/00<br>3/29/00 | $15,001 - $50,000 |
| SP | IBM Corp | P | 3/22/00 | $15,001 - $50,000 |

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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | VanKampen Emerging Growth Fund | P | 3/6/00 | $15,001 - $50,000 |
| | Spectra Fund | P | 3/27/00 | $15,001 - $50,000 |
| | Nicholas Fund, Inc | S | 2/14-17/00 | $50,001 - $100,000 |
| SP | General Mills Inc | S | 3/27/00 | $1,001 - $15,000 |
| | UTS Equity Income Fund Dow 99-C | S | 7/27/00 | $15,001 - $50,000 |
| | Gam International Fund | S | 12/7/00 | $1,001 - $15,000 |
| | FPA Capital Fund Inc | S | 11/16/00 | $15,001 - $50,000 |
| | UTS Uncommon Values TR #98 A | S | 7/27/00 | $15,001 - $50,000 |
| | Vista Mutual Fund Group Growth & Income Fund | S | 2/9/00 | $15,001 - $50,000 |
| | SunLife Finl Svcs CDA Inc (stock was issued to Member as policyholder when the life insurance company began public trading) | S | 4/7/00 | $1,001 - $15,000 |
| JT | Worldcom Inc (formerly MCI Worldcom) | P | 11/16/00 | $1,001 - $15,000 |

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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Worldom Inc (formerly MCI Worldcom) | S | 12/19/00 | $1,001 - $15,000 |

# SCHEDULE VII - TRAVEL PAYMENTS AN

Nam John D Dingell



**Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.**

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Connell Company | May 1-2, 2000 | Detroit, MI-New York-Westfield, NJ -Washington, DC | N | Y | N | no |
| Greater Detroit Chamber of Commerce | May 30-June 3, 2000 | Detroit, MI-Mackinac Island, MI-Detroit, MI | Y | Y | N | no |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

Form A
For use by Members, officers, and employees

HAND DELIVERED (8)

LEGISLATIVE RESOURCE CENTER
2001 MAY 11 AM 11:40
MC
(Office Use Only)

Rep. Ernest (Ernie) Lee Fletcher
(Full Name)

1117 Longworth House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone: 202/225-4706

Filer Status: [X] Member of the U.S. House of Representatives — State: KY District: 06 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

**TRUSTS**--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

**EXEMPTION**- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001)

| CERTIFICATION | SIGNATURE OF REPORTING INDIVIDUAL | DATE (Month/Day/Year) |
|---|---|---|
| **I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.** | Ernie Fletcher | 5/10/01 |

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## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples.* | Keene State | Approved Teaching Fee | $10,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | St. Joseph Hospital, Lexington, KY | Earned income distributed for services rendered in 1998, prior to election to Congress. Unknown amount until disbursement, since it was part of a flexible retirement benefit fund. | $50,589.88 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.<br><br>**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. | For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased(P), sold(S) or exchanged(E) in reporting year. |
| SP<br>DC *Examples:* SP 123 Main St., Dover, Del.<br>JT | Mega Corp. Stock<br>1st Bank of Paducah, KY accounts | $15,001 - $50,000<br>$250,001 - $500,000<br>$50,001 - $100,000 | Dividends<br>Rent<br>Interest | $201 - $1,000<br>$1,001 - $2,500<br>$5,001 - $15,000 | P |
| | PNC Bank Accts | $1.001 - $15.000 | Interest | $1 - $200 | |
| | Edward D. Jones Acct | $1 - $1.000 | Dividends | $201 - $1.000 | |
| | Health Finance Inc IRA | $100.001 - $250.000 | Capital Gains | $5.001 - $15.000 | |
| | Q Med Inc IRA & non-IRA | $1.001 - $15.000 | Capital Gains and Dividends | None | |
| | Mutual of America 403-B | $50.001 - $100.000 | Capital Gains and Dividends | $201 - $1.000 | Liquidated |
| | Applied Materials IRA | $1.001 - $15.000 | Capital Gains and Dividends | None | |
| | Goldman Sachs IRA | $1.001 - $15.000 | Capital Gains and Dividends | $201 - $1.000 | |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | |
|---|---|---|---|---|
| Small Cap World Fund IRA | $1.001 - $15.000 | Capital Gains and Dividends | $201 - $1.000 | |
| Templeton Fund IRA | $15.001 - $50.000 | Capital Gains and Dividends | $1.001 - $2.500 | |
| Atmel Corp IRA | $1.001 - $15.000 | Capital Gains and Dividends | None | |
| Fidelity Investments IRA | $15.001 - $50.000 | Capital Gains and Dividends | $5.001 - $15.000 | |
| Cisco System Inc IRA | $1.001 - $15.000 | Capital Gains and Dividends | None | |
| Dollar General Corp IRA | $1.001 - $15.000 | Capital Gains and Dividends | $1 - $200 | |
| Gillette Co IRA | $1.001 - $15.000 | Capital Gains and Dividends | $1 - $200 | |
| 3 Com IRA | $1 - $1.000 | Capital Gains and Dividends | None | |
| Physician Computer Network Stock | $1.001 - $15.000 | Dividends | $201 - $1.000 | |
| Rental Property - 12 Moorefield Ct, Durham, NC | $100.001 - $250.000 | Rent | $2.501 - $5.000 | |
| DuPont IRA | $1.001 - $15.000 | Capital Gains and Dividends | $1 - $200 | |
| Compaq Computer IRA | $1.001 - $15.000 | Capital Gains and Dividends | $201 - $1.000 | S |
| Conoco, Inc IRA | $1.001 - $15.000 | Capital Gains and Dividends | $1 - $200 | |
| Caremark IRA | $1.001 - $15.000 | Capital Gains and Dividends | None | |
| Bank of America IRA | $1.001 - $15.000 | Capital Gains and Dividends | $201 - $1.000 | P |
| Lucent Technologies IRA | $1.001 - $15.000 | Capital Gains and Dividends | $1 - $200 | P |
| Palm, Inc. IRA | $1.001 - $15.000 | Capital Gains and Dividends | $1 - $200 | E |
| Wells Fargo IRA | $1.001 - $15.000 | Capital Gains and Dividends | $1 - $200 | E |
| World Com IRA | $1.001 - $15.000 | Capital Gains and Dividends | None | P |

## SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

| | | | | |
|---|---|---|---|---|
| Lexmark Stock | $1.001 - $15.000 | Dividends | None | P |
| Williams Co. IRA | $1.001 - $15.000 | Capital Gains and Dividends | $1 - $200 | P |
| Microsoft IRA | $1.001 - $15.000 | Capital Gains and Dividends | None | P |
| Avaya IRA | $1.001 - $15.000 | Capital Gains and Dividends | $201 - $1.000 | S AND E |
| SBC Communications IRA | $1.001 - $15.000 | Capital Gains and Dividends | $1 - $200 | P |
| Williams Communication IRA | $1.001 - $15.000 | Capital Gains and Dividends | None | P |

## SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, ( purchase or sale of your personal residence, unless it is rented out.

| SP,DC,JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | *Example* Mega Corporation Common Stock | Purchase | 10/12/1999 | $15,001 - $50,000 |
| | Compaq Computer IRA | Sold | 1/19/00 | $1.001 - $15.000 |
| | Bank of America IRA | Purchase | 3/24/00 | $1.001 - $15.000 |
| | Lucent Technologies IRA | Purchase | 3/24/00 | $1.001 - $15.000 |
| | Palm, Inc. IRA (spin off /3 Com) | Exchanee | 7/28/00 | $1.001 - $15.000 |
| | Wells Fargo IRA (spin off /First Security) | Exchanee | 10/26/00 | $1.001 - $15.000 |
| | World Com IRA | Purchase | 11/30/00 | $1.001 - $15.000 |
| | Lexmark Stock | Purchase | 9/27/00 | $1.001 - $15.000 |
| | Williams Co. IRA | Purchase | 5/9/00 | $1.001 - $15.000 |
| | Microsoft IRA | Purchase | 5/9/00 | $1.001 - $15.000 |
| | Avaya IRA (spin off exchg of some Lucent Technologies shares) | Sold + EXCHANGE | 11/8/00 | $202.00 |
| | SBC Communications IRA | Purchase | 3/24/00 | $1.001 - $15.000 |
| | Williams Communications IRA | Purchase | 5/9/00 | $1.001 - $15.000 |
| | Mutual of America 403-B | LIQUIDATED | 3/7/00 | $50.001 - $100.000 |

## SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

**Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

| SP,DC,JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | $100,001 - $250,000 |
| | Countrywide Home Loans, Raleigh, NC | Rental Property Loan | $100,001 - $250,000 |

## SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
**Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.-Chicago-Wash., D.C. | N | N | N | N |
| Mega Corporation | Aug 6-13 | Wash., D.C.-Los Angeles-Cleveland | Y | Y | Y | 4 Days |
| Harvard University - JFK School of Gov't - Health Care Conference | Jan. 21 - 23, 2000 | DC - FL - DC | Y | Y | Y | N/A |
| American Medical Assn. Leadership Conference | Mar. 26 - 27, 2000 | DC - FL - DC | Y | Y | N | N/A |
| BIPAC & NABPAC Conferences | Nov. 16 - 19, 2000 | DC - FL - DC | Y | Y | Y | N/A |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

FORM A
For use by Members, officers, and employees

**HAND DELIVERED**
LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 5:10 (16)
MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Mark Adam Foley
(Full Name)

104 Cannon Building Washington, DC 20515 (202) 225-5792
(Mailing Address) Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives | State: FL District: 16 | [XXX] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | [ ] | [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | [X] | [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | [X] | [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | [X] | [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | [ ] | [X] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | [ ] | [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | [X] | [ ] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | [ ] | [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | [ ] | [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| Question | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | [ ] | [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | [ ] | [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Mark A Foley | 5/15/2001 |

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | N/A | | |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| National Assn of Machine Tools | Speech | 4-8-2000 | $1000 |
| Appearance in "The Librarians" | Performance | 2-2000 | $400 |
| United Distillers & Vintners | Speech | 4-24-00 | $500 |
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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Mark Foley



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | | P |
| | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | X | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | Wright Patman Money Market | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Wright Patman CD's | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | Life Insurance Policy | | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | First Union Checking | | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | 20,000 VirtualSellers.com | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | | P,S |
| | 41 Avaya | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Mark Foley

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| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 500 America Online | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | 1,000 Columbia Laboratories | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | 1,000 Compaq | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | 1,000 Conseco | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | 500 Walt Disney | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | 1,000 FleetBoston | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | 400 First Union | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | 2,000 Internet Capital | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | 100 Inprimis | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | 200 IBM | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | 500 Lucent | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | 300 McDonald's | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | 1,000 Office Depot | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | 838 Republic Security | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | 600 Riggs National | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| | 500 Sonera | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IRA Account: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 200 Allstate | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| | 100 AT&T | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | 500 Community Savings | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| | 500 Conagra | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |

REPRESENTATIVES

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Foley

Page 6 of 16

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 200 Gillette | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | 2,000 Internet Capital | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | 150 Inprimis | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | 500 Health Care REIT | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | 200 Home Depot | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | 1007 Kramont Realty Trust | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | 500 New Visual Entertainment | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | 10,000 Oklahoma Energy | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | 100 JC Penney | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | 50 Televideo | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | The Street.com 1000 | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | 10,000 VirtualSellers.com | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | S |
| | 100 Verizon | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | 500 Worldcom | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| | Banyan Hotel Mutual Fund | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Jt IRA: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jt | 200 Cendant | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | | P |
| Jt | 1,000 Conseco | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | | P |
| Jt | 300 Johnson & Johnson | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | P |
| Jt | 300 McDonald's | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | | P |

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Foley

Page 7 of 16

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: None | $1,001 – $15,000 | $50,001 – $100,000 | $250,001 – $500,000 | $1,000,001 – $5,000,000 | $25,000,001 – $50,000,000 | BLOCK C Type of Income: DIVIDENDS | INTEREST | EXCEPTED TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: None | $201 – $1,000 | $2,501 – $5,000 | $15,001 – $50,000 | $100,001 – $1,000,000 | Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jt | 3,000 Office Depot | | | | | | | X | | | | X | | | | | | P |
| Jt | 100 Procter & Gamble | | X | | | | | X | | | | | | | | | | P |
| Jt | 100 Sonera | | X | | | | | X | | | | | | | | | | P |
| Jt | 200 Sara Lee | | X | | | | | X | | | | | | | | | | P |
| Jt | 4,500 VirtualSellers.com | | X | | | | | X | | | | X | | | | | | P |
| Jt | 300 FleetBoston | | X | | | | | X | | | | | X | | | | | P |

Name Mark Foley

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## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D | E $100,001-$250,000 | F | G $500,001-$1,000,000 | H | I $5,000,001-$25,000,000 | J | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Lucent Technologies | X | | | 1-10-00 | | X | | | | | | | | |
| | Riggs National | X | | | 1-14-00 | X | | | | | | | | | |
| | Oracle -- ***split | X | | | 1-19-99 | | | | | | | | | | |
| | FleetBoston | X | | | 1-26-00 | | X | | | | | | | | |
| | McDonald's | X | | | 1-31-00 | X | | | | | | | | | |
| | Ameripath | | X | | 2-1-00 | X | | | | | | | | | |
| | Rexall Sundown | | X | | 2-1-00 | X | | | | | | | | | |
| | VirtualSellers.com | | X | | 2-1-00 | | | X | | | | | | | |
| | Waste Management Inc | | X | | 2-1-00 | X | | | | | | | | | |
| | Duane Reade | X | | | ~~2-9-00~~ ~~2-15-00~~ | X | | | | | | | | | |
| | Office Depot | | X | | 2-15-00 | X | | | | | | | | | |
| | Charles Schwab | | X | | 2-16-00 | X | | | | | | | | | |
| | Boston Properties | X | | | 2-17-00 | X | | | | | | | | | |
| | Quantum Corp | X | | | 2-17-00 | X | | | | | | | | | |
| | CVS | | X | | 2-9-00 | | X | | | | | | | | |
| | Duane Reade | | X | | 2-15-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Mark Foley



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Wells Fargo | X | | | 2-17-00 | X | | | | | | | | | |
| | Oracle | | X | | 2-28-00 | X | | | | | | | | | |
| | EGlobe | X | | | 2-29-00 | X | | | | | | | | | |
| | Office Depot | X | | | 2-29-00 | X | | | | | | | | | |
| | America Online | X | | | 3-3-00 | | X | | | | | | | | |
| | Columbia Laboratories | X | | | 3-3-00 | | X | | | | | | | | |
| | Compaq | X | | | 3-3-00 | | X | | | | | | | | |
| | Walt Disney | X | | | 3-3-00 | X | | | | | | | | | |
| | IBM | X | | | 3-3-00 | | X | | | | | | | | |
| | CVS | X | | | 3-15-00 | | X | | | | | | | | |
| | Boston Prooperties | | X | | 4-13-00 | X | | | | | | | | | |
| | CVS | | X | | 4-13-00 | | X | | | | | | | | |
| | Raymond James | | X | | 4-13-00 | X | | | | | | | | | |
| | Wells Fargo | | X | | 4-13-00 | X | | | | | | | | | |
| | Sonera Corp | X | | | 4-24-00 | | X | | | | | | | | |
| | Conseco | X | | | 6-29-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Mark Foley

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | Avaya - **Dividend from Lucent | X | | | 10-5-00 | | | | | | | | | | |
| | Quantum | | X | | 10-5-00 | X | | | | | | | | | |
| | EGlobe - **reverse split | | | | 11-15-00 | | | | | | | | | | |
| | EGlobe - **reverse split | | | | 11-15-00 | | | | | | | | | | |
| | Bank One Corp | | X | | 11-30-00 | X | | | | | | | | | |
| | Bank One Corp | | X | | 12-20-00 | X | | | | | | | | | |
| | Pfizer | | X | | 12-20-00 | X | | | | | | | | | |
| | Riggs National | | X | | 12-20-00 | X | | | | | | | | | |
| | Big Lake Bank | | X | | 4-22-00 | | X | | | | | | | | |
| | IRA Account: | | | | | | | | | | | | | | |
| | JC Penney | X | | | 1-10-00 | X | | | | | | | | | |
| | AHT Corp | | X | | 2-1-00 | X | | | | | | | | | |
| | VirtualSellers.com | | X | | 2-1-00 | | x | | | | | | | | |
| | VirtualSellers.com | | X | | 2-1-00 | | | X | | | | | | | |
| | Conagra | X | | | 2-4-00 | X | | | | | | | | | |
| | Health Care REITT | X | | | 2-4-00 | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Mark Foley

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10-12-00 | | X | | | | | | | | |
| | Allstate | | | | 2-9-00 | | | | | | | | | | |
| | BellAtlantic Corp | | | | 2-9-00 | | | | | | | | | | |
| | Community Savings | | | | 2-9-00 | | | | | | | | | | |
| | Gillette | | | | 2-9-00 | | | | | | | | | | |
| | Home Depot | | | | 2-9-00 | | | | | | | | | | |
| | MCI Worldcom | | | | 2-9-00 | | X | | | | | | | | |
| | CV REIT | | | | 2-15-00 | | | | | | | | | | |
| | TheStreet.com | | | | 2-15-00 | | X | | | | | | | | |
| | New Visual Entertainment | | | | 2-17-00 | | | | | | | | | | |
| | New Visual Entertainment | | | | 2-17-00 | | | | | | | | | | |
| | Becton Dickenson & Company | | X | | 2-29-00 | | | | | | | | | | |
| | Oklahoma Energy | | | | 3-15-00 | | | | | | | | | | |
| | CV REIT & Kramont Realty -- **Merger | | | | 6-21-00 | | | | | | | | | | |
| | New Visual Entertainment -- ** reverse split | | | | 6-27-00 | | | | | | | | | | |
| | New Visual Entertainment -- ** reverse split | | | | 6-27-00 | | | | | | | | | | |
| | **Name Change -- BellAtlantic to Verizon | | | | 7-10-00 | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Mark Foley



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10-12-00 | | X | | | | | | | | |
| | **Name Change -- Boca Research to Inprimis | | | | 10-11-00 | | | | | | | | | | |
| | AT&T | | | | 10-25-00 | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | JT IRA: JT ACCOUNT HELD W/ MOTHER: ~~Frances Foley~~ | | | | | | | | | | | | | | |
| Jt | VirtualSellers.com | | X | | 1-25-00 | | X | | | | | | | | |
| Jt | VirtualSellers.com | | X | | 1-25-00 | | | | | | | | | | |
| Jt | FleetBoston | | | | 1-31-00 | | | | | | | | | | |
| Jt | McDonald's | | | | 1-31-00 | | | | | | | | | | |
| Jt | TheStreet.com | | | | 2-15-00 | | X | | | | | | | | |
| Jt | New Visual Entertainmentt | | | | 2-17-00 | | | | | | | | | | |
| Jt | PSS World Medical | | | | 2-28-00 | | | | | | | | | | |
| Jt | EGlobe | | | | 2-29-00 | | | | | | | | | | |
| Jt | Johnson & Johnson | | | | 2-29-00 | | X | | | | | | | | |
| Jt | Office Depot | | | | 2-29-00 | | | | | | | | | | |
| Jt | Cendant Corp | X | | | 3-10-00 | | | | | | | | | | |
| Jt | Procter & Gamble | | | | 3-10-00 | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name: Mark Foley



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | G $500,001–$1,000,000 | H1 $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10-12-00 | | X | | | | | | | |
| Jt | Sara Lee Corp | | | | 3-10-00 | | | | | | | | | |
| Jt | CVS | | | | 3-13-00 | | | | | | | | | |
| Jt | Oklahoma Energy | | | | 3-16-00 | X | | | | | | | | |
| Jt | PSS World Medical | | X | | 4-12-00 | | | | | | | | | |
| Jt | CVS | | X | | 4-13-00 | | | | | | | | | |
| Jt | JDS Uniphase | | | | 4-24-00 | | | | | | | | | |
| Jt | Sonera Corp | | | | 4-24-00 | | | | | | | | | |
| Jt | JDS Uniphase | | X | | 6-14-00 | | | | | | | | | |
| Jt | New Visual Entertainment -- **reverse split | | | | 6-27-00 | | | | | | | | | |
| Jt | New Visual Entertainment -- **reverse split | | | | [illegible] | | | | | | | | | |
| Jt | Conseco | | | | 6-29-00 | | | | | | | | | |
| Jt | Office Depot | | | | 7-11-00 | | | | | | | | | |
| Jt | EGlobe -- **reverse split | | | | 11-15-00 | | | | | | | | | |
| Jt | EGlove -- ** reverse split | | | | 11-15-00 | | | | | | | | | |
| Jt | New Visual Entertainment | | X | | 12-22-00 | | | | | | | | | |
| Jt | TheStreet.com | | X | | 12-22-00 | | | | | | | | | |

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Name Mark Foley Page 14 of 16

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | N/a | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| N/a | | |
| | | |
| | | |
| | | |
| | | |

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| *Examples:* Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| Entertainment Industry Develop. Corp | 1/18 - 1/20 | Wash - LA- WASH | Y | Y | N | Y |
| Invest to Compete Alliance | 7/5-7/8 | Wash-Cape Cod- Wash | Y | Y | N | N |
| American Resort Develop Assn | 7/22-7/24 | Wash-Pebble Beach-Wash | Y | Y | N | N |
| Ripon Educational Fund | 11/23-12/2 | Miami-Rome-Miami | Y | Y | Y | N |
| Nat'l Assn of Financial Investment Advisors | 9/10 | West Palm Beach, FL- ~~Orlando - West Palm Beach~~ | N | Y | N | N |

| Name | Mark Foley | Page 16 of 16 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| N/a | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | N/a | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70-729 (mac)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 14 PM 1:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)

6

Harold E. Ford, Jr.
(Full Name)

58 Rivermist, Memphis, Tennessee 38103
(Mailing Address)

(202)225-3265
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Tennessee District: 9th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | 5/12/01 |

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| Name | Harold E. Ford, Jr. | Page 2 of 6 |
|---|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | Metropolitan Baptist Church | Speech | March 8, 2000 | $ 300.00 |
| | Fourth Street Missionary Baptist Church | Speech | July 23, 2000 | $1,000.00 |

This page may be copied if more space is required.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Harold E. Ford, Jr.

Page 3 of 6

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset (A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000) | Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)) | Block D: Amount of Income (I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000) | Block E: Transaction (P, S, or E) |
|---|---|---|---|---|---|
| SP, | SP Mega Corp. Stock | X | DIVIDENDS | | P |
| DC, *Examples:* | Simon & Schuster | Indefinite | Royalties | X | |
| JT | 1st Bank of Paducah, KY accounts | X | INTEREST | X | |
| | First Funds - Growth & Income Fund | X | DIVIDENDS; INTEREST; CAPITAL GAINS | X | P |

For additional assets and unearned income, use next page.

Name Harold E. Ford, Jr. | Page 4 of 6

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | William D. Ford Federal Direct Loan Program, U.S. Dept. of Education | Educational Loan | X | | | | | | | | | |
| | First TN Bank - Memphis, TN | Consumer Loan | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | 7th Annual Developers Tax Credit Conference | Jan. 7 | Memphis-Orlando-Nashville | Y | Y | N | N |
| | Dr. Martin Luther King Commemorative Commission of Greater Knoxville Leadership Symposium | Jan. 13-14 | Memphis-Knoxville | Y | Y | N | N |
| | Walker & Associates - McDonald's McEducator Press Conference | Feb. 10 | Wash, D.C.-Nashville | N | N | N | N |
| | A. Philip Randolph Institute Regional Conference | Feb. 25-26 | Memphis-Nashville-New York | Y | N | N | N |
| | Warren Memorial United Methodist Church | Mar. 11-12 | Memphis-Atlanta-Memphis | N | N | N | N |
| | University of Notre Dame Law School | April 8 | Memphis-S.Bend-Columbia, SC | N | N | N | N |
| | TN Malt Beverage Association | July 9-10 | Memphis-Orlando-Wash, D.C. | Y | Y | N | N |
| | Fox News Townhall Meeting | April 17-20 | Knoxville-New York-Wash, D.C. | Y | Y | N | 2 DAYS |
| | National Urban League Townhall Meeting | July 30-Aug. 1 | Chicago-New York-Wash, D.C. | Y | Y | N | N |
| | TN Black Health Care Commission | Aug. 25 | Memphis-Nashville | N | N | N | N |
| | NAACP Denver Branch Freedom Fund Dinner | Sept. 22-23 | Memphis-Denver-Memphis | Y | Y | N | N |
| | Philadelphia Tribune & African American Chamber of Commerce | Sept. 29 | Wash, D.C.-Philadelphia- | N | N | N | N |

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Meharry Medical College | Oct. 1-2 | Chicago-Nashville-Wash, D.C | Y | Y | N | N |
| | Pegasus Airwave | Dec. 2-4 | Memphis-Miami-Wash, D.C. | Y | Y | N | 1 DAY |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

(3)

LEGISLATIVE RESOURCE CENTER
2001 MAY 11 AM 10:46
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Vito John Fossella
(Full Name)

15 Grandview Terrace
(Mailing Address)

Staten Island, NY 10308

Daytime Telephone: (718) 356-8400.

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: New York District: 13 | ☐ Officer or Employee — Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ | No ☑ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☑ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☑ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ | No ☑ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☑ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☑ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ | No ☑ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | 5/10/ |

1408

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Vito John Fossella

Page 1 of 2

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the Instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|---|
| | | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, or E |
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | X | DIVIDENDS X | | P |
| | *Examples:* DC Simon & Schuster | | Indefinite | Other Type of Income: Royalties | X | |
| | *Examples:* JT 1st Bank of Paducah, KY accounts | | X | INTEREST X | X | |
| JT | Chase Manhattan Bank Account | | X | INTEREST X | II $201 – $1,000 X | |
| DC | Chase Manhattan Bank Account | | X | INTEREST X | II $201 – $1,000 X | |
| DC | Chase Manhattan Bank Account | | X | INTEREST X | II $201 – $1,000 X | |
| | NYC Deferred Comp | | X | DIVIDENDS X | IV $1,001 – $2,500 X | |
| SP | Chase Manhattan IRA | | X | INTEREST X | VI $5,001 – $15,000 X | |
| | Merrill Lynch Mutual Fund | | X | DIVIDENDS X | II $201 – $1,000 X | |

For additional assets and unearned income, use next page.

1409

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | National Association of Broadcasters | April 8-10 | New York - Las Vegas - New York | Y | Y | Y | N |

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1411

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees



Barney Frank
(Full Name)

2252 Raybum Bldg. Washington, DC 20515
(Mailing Address)

202-225-5931
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: MA, District: 04 | ☐ Officer Or Employee | Employing Office |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ No ☑ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Barney Frank | May 9, 2001 |

# SCHEDULE III - ASSETS AND "UNE

Nam Barney Frank



| | BLOCK A<br>Asset and/or Income Source<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>Year-End Value of Asset<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>Type of Income<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>Amount of Income<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>Transaction<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | TIAA-CREF Retirement Account | $15,001 - $50,000 | None | NONE | NA |
| | McGraw-Hill Publishing Co. (Hightstown, NJ) | Indefinite | Royalties | $1 - $200 | NA |
| | AIM Stock IRA (Boston, MA) | $15,001 - $50,000 | CAPITAL GAINS | $5,001 - $15,000 | NA |
| | Citizens Bank savings & checking accounts | $15,001 - $50,000 | INTEREST | $1 - $200 | NA |
| | 4 Percent Interest in Breadline Restaurant (Washington, DC) | $15,001 - $50,000 | None | NONE | NA |
| | 1401 17th St., NW, Wash., DC (personal residence) | $50,001 - $100,000 | None | NONE | NA |

# SCHEDULE III - ASSETS AND "UNE

Nam Barney Frank



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Salomon Smith Barney Brokerage Acct. -- Money Fund | $1 - $1,000 | DIVIDENDS | $1 - $200 | NA |
| | Washington Mutual Fund | $15,001 - $50,000 | CAPITAL GAINS | $2,501 - $5,000 | NA |
| | Centennial Money Market Trust (IRA) | $1,001 - $15,000 | INTEREST | $1 - $200 | NA |
| | Liberty Funds Trust II (IRA) | $1,001 - $15,000 | CAPITAL GAINS | $201 - $1,000 | NA |
| | Pilgrim Mutual Funds Large Capital Growth Fund (IRA) | $15,001 - $50,000 | CAPITAL GAINS | $201 - $1,000 | NA |
| | UTS Nuveen Dow Portfolio (IRA) | $1,001 - $15,000 | CAPITAL GAINS | $201 - $1,000 | NA |

# SCHEDULE III - ASSETS AND "UNE

Nam Barney Frank



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | UTS Nuveen Nasdaq 100 Index (IRA) | $15,001 - $50,000 | CAPITAL GAINS | $2,501- -$5,000 | NA |
| | Mass. Investors Growth Stock Fund | $15,001 - $50,000 | CAPITAL GAINS | $201 - $1,000 | NA |
| | Mass. Housing Finance Agency (bonds) | $1,001 - $15,000 | INTEREST | $201 - $1,000 | NA |
| | Mass. Industrial Finance Agency (bonds) | $1,001 - $15,000 | INTEREST | $201 - $1,000 | NA |
| | Mass. State Bonds consolidated loan | $15,001 - $50,000 | INTEREST | $201 - $1,000 | P |

# SCHEDULE IV - TRANSACTIONS

Nam Barney Frank



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Mass. State Bonds consolidated loan | P | 7-17-00 | $15,001 - $50,000 |

# SCHEDULE V - LIABILITIES

Nam Barney Frank



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Flagstar Bank (Bingham Farms, MI) | Mortgage on 1401 17th Street, N.W. (personal residence) | $100,001 - $250,000 |

# SCHEDULE VII - TRAVEL PAYMENTS AN

Nam Barney Frank



**Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.**

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Fred Friendly Seminars, Inc. (TV panel discussion] | Jan. 9-10 | Wash., DC -- New York -- Wash., DC | Y | Y | N | NA |
| Florida Immigrant Advocacy Ctr. [speech] | Feb. 3-4 | Wash., DC -- Miami -- Wash., DC | Y | N | N | NA |
| University of Kansas [speech] | Feb. 6-8 | Wash., DC -- Kansas City, MO -- Wash., DC | Y | N | N | NA |
| Human Rights Campaign [speech] | Feb. 11-12 | Wash., DC -- Portland, OR -- Wash., DC | N | N | N | NA |
| Oregon Campaign for Equal Justice [speech] 1 | Feb. 21-24 | New York -- Portland, OR -- Seattle -- Wash., DC | Y | N | N | NA |
| Evergreen State College [speeches] 2 | Feb. 21-24 | New York -- Portland, OR -- Seattle -- Wash., DC | Y | N | N | NA |
| University of South Carolina [speech] | Feb. 24-25 | Wash., DC -- Columbia, SC -- Wash., DC | Y | N | N | NA |
| Save Dade (Miami, FL} [fundraiser] | March 3-5 | Providence -- Miami -- Boston | Y | N | N | NA |
| Human Rights Campaign [fundraiser] | March 24-25 | Wash., DC -- Philadelphia -- Boston | Y | N | N | NA |
| Robert F. Kennedy Book Awards [participation in award selection panel] | April 14-15 | Wash., DC -- New York -- Boston | Y | N | N | NA |

# SCHEDULE VII - TRAVEL PAYMENTS AN

Nam Barney Frank



**Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.**

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Colorado Stonewall Democrats [fundraiser] 3 | April 21-23 | Boston -- Denver -- St. Louis -- Boston | Y | N | N | NA |
| Jerome Levy Economics Inst. (Bard College) [speech] | April 27 | Boston -- Annandale on Hudson -- Boston | N | N | N | NA |
| 92nd Street YWCA (New York) [panel discussion] | May 3-4 | Wash., DC -- New York -- Wash., DC | Y | N | N | NA |
| CUNY School of Law (Queens College) [speech] | May 26 | Wash., DC -- New York -- Wash., DC | N | N | N | NA |
| Four Freedoms Democratic Club (Kansas City) [fundraiser] | June 1-2 | Kansas City -- Wash., DC -- Kansas City | Y | Y | N | NA |
| Nevada Dem. Party Gay & Lesbian Caucus [fundraiser] 4 | June 2 - 3 | Kansas City -- Las Vegas -- Wash., DC | Y | Y | N | NA |
| Wisconsin Democratic Party [speech] | June 10 | Boston -- Milwaukee -- Green Bay -- Milwaukee -- Boston | N | N | N | NA |
| Temple B'Nai Jeshurun (New York) [speech] 5 | June 23-25 | Wash., DC -- New York -- Wash., DC | Y | Y | N | NA |
| Natl. Assoc. Of Letter Carriers [speech] 6 | Aug. 2-5 | Boston-Chicago-- Memphis-- Boston | Y | N | N | 2 Days |

# SCHEDULE VII - TRAVEL PAYMENTS AN

Nam Barney Frank



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Vermonters for Civil Unions [speech] | Aug. 30 - 31 | Boston -- Burlington, VT -- Boston | Y | N | N | NA |
| Anshe Emeth Memorial Temple (New Brunswick, NJ) [address to congregration] 7 | Sept. 17 | Boston, Newark, NJ -- New Brunswick -- Newark -- Wash., DC | N | N | N | NA |
| Natl. Assoc. Of Personal Financial Advisors (Buffalo Grove, IL) [speech to Regional Conference] | Sept. 22-23 | Wash., DC -- Providence -- Wash., DC | Y | N | N | NA |

1. Oregon Campaign for Equal Justice paid for 1/2 of airline fare and lodging for 1 night in Portland.
2. Evergreen State College paid for 1/2 of airfare and lodging for 2 nights in Seattle.
3. Barney Frank for Congress Committee paid for 1 night lodging in St. Louis on April 22.
4. Berkley 2000 Committee paid for 1 night's lodging in Las Vegas on June 2.
5. Barney Frank for Congress Committee paid for 1 night's lodging in New York on June 24.
6. Continuation of trip after Memphis paid for by Rep. Frank's personal funds.
7. Newark to Washington segment of trip paid for by Barney Frank for Congress Committee.

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

**HAND DELIVERED**

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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MC

Rodney P. Frelinghuysen
(Full Name)

335 James Street
(Mailing Address)

(908) 439-3499 (Tina)
Daytime Telephone

Morristown, New Jersey 07960

(202)225-5034 (Rodney)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S House of Representatives | State New Jersey Distrct: 11 | [ ] Officer or Employee | Employing Office. |
| **Report Type** | [X] Annual (May 15) | [ ] Amendmant | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [X] No [ ] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date *(Month, Day, Year)* |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Rod P. Frelinghuysen | MAY 15, 2001 |

1420

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | NONE | | |

For payments to charity in lieu of honoraria, use Schedule II.

Name Rodney P. Frelinghuysen



## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| N O N E | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rodney P. Frelinghuysen



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of Income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC, *Examples:* | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | See Continuation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sheets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pages 5 thru 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

| ASSETS | YEAR-END VALUE | INCOME TYPE | 2000 INCOME | 2000 TRANSACTION |
|---|---|---|---|---|
| Johnson & Johnson | H | DIV | VI | |
| Pall Corp. | F | DIV | VI | DIV REINVEST. |
| Peapack Gladstone Financial Corp. | F | DIV | IV | |
| Summit Bancorp. - NJ | F | DIV | VI | |
| Valley National Bancorp - NJ | C | DIV | II | |
| Procter & Gamble Co. | I | DIV | VII | DIV REINVEST. |
| International Business Machines | I | DIV | V | DIV REINVEST. |
| Eli Lilly & Co. | I | DIV | VII | DIV REINVEST. |
| Computer Technology (IRA) | C | NONE | I | |
| Freedom Cash Management Fund(IRA) | C | DIV | II | |
| Peapack Gladstone Bank (CKG) | F | INT | IV | |
| Chase Manhattan(SVGS) | E | INT | III | |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

| ASSETS | YEAR-END VALUE | INCOME TYPE | 2000 INCOME | 2000 TRANSACTION |
|---|---|---|---|---|
| Congressional Federal Credit Union | C | INT | I | |
| Aetna, Inc. | A | DIV | III | E |
| Aetna, Inc. NEW | D | DIV | I | E |
| First Union Corp. | A | DIV | III | S |
| Merck & Co., Inc. | H | DIV | VI | |
| Pfizer, Inc. | H | DIV | V | E |
| Warner Lambert Co. | A | DIV | IV | E |
| CATS - PRIN - Ser K | C | OID INT | III | |
| CATS - PRIN - Ser M | D | OID INT | V | |
| CATS - PRIN - Ser Q | C | OID INT | V | |
| Federated U.S. Government | E | INT | V | P |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

| ASSETS | YEAR-END VALUE | INCOME TYPE | 2000 INCOME | 2000 TRANSACTION |
|---|---|---|---|---|
| Motorola, Inc. | D | DIV | III | |
| Intel Corp. | D | DIV | II | |
| American Express | E | DIV | III | |
| Lucent Technologies, Inc. | C | DIV | II | |
| Diversa Corp. | C | NONE | I | P |
| Exodus Communication, Inc. | D | NONE | I | P |
| Digex, Inc. | C | NONE | I | P |
| Schering Plough Corp. | D | DIV | II | P |
| Microsoft Corp. | C | NONE | I | Gift |
| Summit Bank - Svgs | C | INT | II | |
| Avaya | B | NONE | I | Spin-off |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

| ASSETS | YEAR-END VALUE | INCOME TYPE | 2000 INCOME | 2000 TRANSACTION |
|---|---|---|---|---|
| 17.923 Acres unimproved land, Frelinghuysen Twp., NJ (Commercial Value 2/26/97) | F | | | |
| 1/5th undivided interest in 235.8 acres of unimproved land, Stockbridge, Ma. (Est.Value) | E | | | |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest )*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2000 Income received V

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Non-Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest )*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2000 Income received IX

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

**Identity : A.H. Frelinghuysen 1950 Trust,**
**Peter H. B. Frelinghuysen, Trustee**
**(1/5 income interest)***

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2000 Income received VII

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Peter H.B. Frelinghuysen Trust U/D dated 1/17/57, Peter H.B. Frelinghuysen and George L. K. Frelinghuysen, Trustees (1/8th income interest)*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2000 Income Received VII

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. P. Frelinghuysen Trust U/A
4/3/73 Banker's Trust Company, New York, NY
Trustee (discretionary income interest)*

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| Knight Ridder, Inc. | E | DIV | |
| Merck & Co., Inc. | H | DIV | |
| Procter & Gamble Co. | I | DIV | S |
| Thomas & Betts Corp. | D | DIV | |
| USX - Marathon Group | C | DIV | |
| USX - U S Steel | C | DIV | |
| Banker's Trust Co. Tax Free Income Fund | F | DIV | |
| Banker's Trust Money Market Account | F | INT | P |
| Warner Lambert Co. | A | DIV | E |

* All Assets listed are held in trust, and all transactions are initiated by the Trustee. Neither Rodney, his spouse or any dependents is consulted nor gives advice regarding these investments. However, Rodney does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| American International Group | D | DIV | |
| Tyco International, Ltd. | D | DIV | |
| Cisco Systems, Inc. | D | NONE | |
| Intel Corp. | D | DIV | |
| Sun Microsystems, Inc. | D | NONE | |
| MCI Worldcom, Inc. | A | NONE | S |
| Lucent Technologies, Inc. | C | DIV | |
| American Express Co. | D | DIV | |
| Microsoft corp. | C | NONE | P |
| Juniper Networks, Inc. | C | NONE | P |
| Pfizer | F | DIV | E |
| 2000 Income Received | | VII | |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. S. Procter Trust U/A
5/31/60 F/B/O Rodney P. Frelinghuysen
Peter Frelinghuysen & Rodney P. Frelinghuysen, Trustees

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| Abbott Laboratories | F | DIV | |
| Bristol Myers Squibb Co. | G | DIV | |
| Bestfoods, Inc. | A | DIV | S |
| IMS Health, Inc. | D | DIV | |
| Moody's Corp.<br>(Formerly Dun & Bradstreet Corp.) | C | Div | |
| R.H. Donnelley Corp. | C | DIV | |
| Gannett Co., Inc. | E | DIV | |
| H. J. Heinz Company | D | DIV | |
| Pepsico, Inc. | F | DIV | |
| Procter & Gamble Co. | J | DIV | |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| Electronic Data System Corp. | D | DIV | |
| Harcourt Gen., Inc. | D | DIV | |
| Loews Corp. | F | DIV | |
| Motorola, Inc. | E | DIV | |
| CSX Corporation | D | DIV | |
| A T & T Corporation | C | DIV | |
| Lucent Technologies, Inc. | C | DIV | |
| SBC Communications | D | DIV | |
| Harcourt Gen., Inc. Ser A Conv. | D | DIV | |
| New Jersey St. Trans. Tr Fd. Authority | A | INT | REDEEMED |
| North Brunswick Twp, N.J. | C | INT | |
| Money Market Fund | H | INT | REDEEMED |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| American Express Co. | E | DIV | |
| Rohm & Haas Co. | C | DIV | |
| McGraw-Hill Cos., Inc. | E | DIV | |
| Sherwin Williams Co. | E | DIV | |
| Associates First Capital 'A" | A | DIV | E |
| Neiman-Marcus Group CL 'B' | C | NONE | |
| Citigroup, Inc. | D | DIV | E |
| Dun & Bradstreet Corp., NEW | C | NONE | SPIN-OFF |
| 2000 Income Received | | IX | |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : V. T. Robinson Trust U/A dated
4/10/80, Fiduciary Trust Company, Boston, Ma.
Trustee (spouse discretionary income interest)*

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| U. S. Treasury Notes | F | INT | REDEEMED |
| U. S. Treasury Bonds | A | INT | REDEEMED |
| Passaic Cty NJ Ref - Gen Imp | E | INT | |
| New Jersey St. Trans. Tr. Fd Auth. Bond | F | INT | |
| Newark, NJ Sch. Qualified Bond | F | INT | |
| Port Auth. NY & NJ Cons. | F | INT | |
| Deptford Twp.NJ School District | F | INT | |

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| Home Depot, Inc. | G | DIV | |
| Tricon Global Restaurants | C | DIV | |
| Bestfoods, Inc. | A | DIV | S |
| Coca Cola Co. | F | DIV | |
| General Mills | E | DIV | |
| Pepsico, Inc. | F | DIV | |
| Phillip Morris Cos., Inc. | F | DIV | |
| Procter & Gamble Co. | D | DIV | |
| Bristol Myers Squibb Co. | E | DIV | |
| Merck & Co., Inc. | G | DIV | |
| Pfizer, Inc. | H | DIV | |
| Schering Plough Corp. | E | DIV | |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| Aetna, Inc. | A | DIV | E/S |
| Aetna, Inc., NEW | D | DIV | E |
| HSB Group, Inc. | A | DIV | E |
| American Int'l Group | D | DIV | E |
| J.P. Morgan & Co. | F | DIV | |
| Electronic Data Systems Corp. | E | DIV | |
| General Electric Co. | H | DIV | |
| Emersen Electric Co. | E | DIV | |
| Parker - Hannifin Corp. | E | DIV | |
| Hewlett - Packard | F | DIV | |
| Intel Corp. | F | DIV | |
| International Business Machines | D | DIV | |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| Microsoft Corp. | G | NONE | |
| Motorola, Inc. | E | DIV | |
| Atlantic Richfield | A | DIV | E |
| B P Amoco, PLC ADR | F | DIV | E |
| Enron Corp. | F | DIV | |
| Exxon Mobil Corp | F | DIV | |
| Royal Dutch Petroleum Co. | E | DIV | |
| Union Pacific Corp. | D | DIV | |
| Union Pacific Resources Group | A | DIV | E |
| Anadarko Petroleum Corp. | D | DIV | E |
| Scudder Int'l Fund | G | DIV | |
| Lucent Technologies | C | DIV | |
| Bank One Corp. | D | DIV | |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| Federal Nat'l Mortgage Assn. | E | DIV | |
| Cisco Systems, Inc. | G | INT | |
| L. M. Ericsson Tel CL 'B' | F | DIV | |
| Scudder Tax Free Money Market | F | INT | P |
| Corn Products Intn'l | C | DIV | |
| Templeton Emerging Markets Fund | D | INT | |
| Bergen Cty NJ Ref -Gen. Imp | F | INT | |
| Worldcom, Inc. (Formerly MCI Worldcom,Inc) | C | NONE | |
| Time-Warner, Inc. | D | DIV | |
| EMC Corp. (MA) | F | NONE | |
| Nokia Corp. ADR | E | DIV | |
| Agilent Technologies | E | NONE | Spin-off |
| 2000 Income Received | | IX | |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income beneficiary)*

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| U. S. Treasury Notes (Various) | F | INT | |
| NJ (Tax Exempt) Muni Bond | E | INT | |
| Bank One Corp. | E | DIV | |
| Coca Cola Co. | F | DIV | |
| General Mills | E | DIV | |
| Phillip Morris Cos., Inc. | F | DIV | |
| Abbott Labs | E | DIV | |

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| Merck & Co., Inc. | F | DIV | |
| Johnson & Johnson | F | DIV | |
| Warner Lambert | A | DIV | E |
| AT & T Corp. | D | DIV | |
| Lucent Technologies | C | DIV | |
| Bell South Corp. | F | DIV | |
| American Int'l Group | G | DIV | |
| J.P. Morgan & Co. | F | DIV | |
| Electronic Data Systems Corp. | E | DIV | |
| Emerson Electric | E | DIV | |
| General Electric Co. | G | DIV | |
| Parker - Hannifin Corp. | E | DIV | |
| Hewlett - Packard | E | DIV | |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| Intel Corp. | F | DIV | |
| Microsoft Corp. | F | NONE | |
| Motorola, Inc. | E | DIV | |
| Exxon Mobil Corp. | F | DIV | |
| Royal Dutch Petroleum | F | DIV | |
| Federal Nat'l Mortgage Assn. | E | DIV | |
| Pfizer, Inc. | G | DIV | E |
| First Data Corp. | E | DIV | |
| Montclair NJ Gen. Oblig. | E | INT | |
| Newark NJ Sch. Qualified Bond | E | INT | |
| Cisco Systems, Inc. | F | NONE | |
| L. M. Ericsson Tel. CL'B' | E | DIV | |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

| HOLDINGS | YEAR-END VALUATION | INCOME TYPE | 2000 TRANSACTION |
|---|---|---|---|
| Scudder Tax Free Money Market | A | INT | REDEEMED |
| Burlington Cty NJ OID | F | INT | |
| NJ St. EDL FACS ATH REV Princeton Univ. | F | INT | |
| Worldcom, Inc.(Formerly MCI Worldcom, Inc.) | C | NONE | |
| Time-Warner, Inc. | D | DIV | |
| EMC Corp. (MA) | E | NONE | |
| Nokia Corp ADR | E | DIV | |
| Templeton Emerging Mkts Fund | C | INT | |
| Agilent Technologies, Inc. | D | NONE | Spin-off |
| 2000 Income Received | | VIII | |

## SCHEDULE IV — TRANSACTIONS

Name Rodney P. Frelinghuysen



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | See Continuation Sheets | | | | | | | | | | | | | | |
| | Pages 28 thru 34 | | | | | | | | | | | | | | |

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

| DATE | ASSET | TYPE OF TRANSACTION | AMOUNT OF TRANSACTION |
|---|---|---|---|
| Qtrly. Div. Re-Invest. | Pall Corporation | P | B |
| Qtrly. Div. Re-Invest. | Procter & Gamble | P | C |
| Qtrly. Div. Re-Invest. | International Business Machines | P | B |
| Qtrly. Div. Re-Invest. | Eli Lilly & Co. | P | C |
| Various | Federated U.S. Government | P | B |
| 01/13/00 | Microsoft Corp. | Gift | |
| 04/19/00 | Diversa Corp. | P | B |
| 04/19/00 | Exodus Communication, Inc. | P | C |
| 06/23/00 | Warner Lambert Co. (Exchanged for Pfizer) | E | Even Exchange |
| 06/23/00 | Pfizer, Inc. | E | Even Exchange |
| 06/29/00 | First Union Corp. | S | B |
| 09/06/00 | Digex, Inc. | P | C |
| 09/06/00 | Schering Plough Corp. | P | C |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

| DATE | ASSET | TYPE OF TRANSACTION | AMOUNT OF TRANSACTION |
|---|---|---|---|
| 10/10/00 | Avaya, Inc. (Lucent Technologies cost basis adjusted for value of spin-off) | Spin-Off | B |
| 12/19/00 | Aetna, Inc. (Exchanged for Aetna, Inc., NEW) | E | B |
| 12/19/00 | Aetna, Inc. NEW | E | C |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : B. P. Frelinghuysen Trust U/A
4/3/73 Banker's Trust Company, New York, NY
Trustee (discretionary income interest)*

| DATE | ASSET | TYPE OF TRANSACTION | AMOUNT OF TRANSACTION |
|---|---|---|---|
| Various | Banker's Trust Money Market Acct. | P | B |
| 12/02/1999 | Microsoft Corp. | P | C |
| 06/23/2000 | Warner Lambert Co. (Exchanged for Pfizer) | E | Even Exchange |
| 06/23/2000 | Pfizer, Inc. | E | Even Exchange |
| 08/08/2000 | Axa Financial, Inc. | P | B |
| 08/31/2000 | Axa Financial, Inc. | S | B |
| 11/10/2000 | Juniper Networks, Inc. | P | B |
| 12/08/2000 | MCI Worldcom, Inc. | S | B |
| 12/19/2000 | Procter & Gamble Co. | S | E |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : B. S. Procter Trust U/A
5/31/60 F/B/O Rodney P. Frelinghuysen
Peter Frelinghuysen & Rodney P. Frelinghuysen, Trustees

| DATE | ASSET | TYPE OF TRANSACTION | AMOUNT OF TRANSACTION |
|---|---|---|---|
| 06/15/00 | N J State Trans. Tr. Fd. Authority | REDEEMED | B |
| 10/05/00 | Bestfoods, Inc. | S | D |
| 10/06/00 | Dun & Bradstreet Corp. NEW<br>(Cost Basis of Dun & Bradstreet Corp. OLD adjusted for value of spin-off | Spin-off | B |
| 12/05/00 | Associates First Capital 'A'<br>(Exchanged for Citigroup) | E | Even Exchange |
| 12/05/00 | Citigroup | E | Even Exchange |
| Various | Money Market Fund | REDEEMED | B |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)

| DATE | ASSET | TYPE OF TRANSACTION | AMOUNT OF TRANSACTION |
|---|---|---|---|
| Various | Scudder Tax Free Money Market | P | C |
| 01/18/00 | U. S. Treasury Notes | REDEEMED | C |
| 05/15/00 | U. S. Treasury Bonds | REDEEMED | C |
| 04/27/00 | Atlantic Richfield (Exchanged for BP Amoco PLC ADR) | E | Even Exchange |
| 04/27/00 | BP Amoco PLC ADR | E | Even Exchange |
| 06/07/00 | Agilent Technologies (Hewlett Packard cost basis adjusted for value of spin-off) | Spin-off | B |
| 07/24/00 | Union Pacific Resources Group (Exchange for Anadarko Petroleum) | E | Even Exchange |
| 07/24/00 | Anadarko Petroleum | E | Even Exchange |
| 10/06/00 | Bestfoods, Inc. | S | C |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

| DATE | ASSET | TYPE OF TRANSACTION | AMOUNT OF TRANSACTION |
|---|---|---|---|
| 12/01/00 | HSB Group, Inc.<br>(Exchange for American Int'l Group) | E | Even Exchange |
| 12/01/00 | American International Group | E | Even Exchange |
| 12/19/00 | Aetna, Inc. OLD<br>(Exchanged for Aetna, Inc. NEW) | E | B |
| 12/19/00 | Aetna, Inc. NEW | E | C |
| 12/19/00 | Aetna, Inc. OLD | S | D |

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (Spouse discretionary income beneficiary)

| DATE | ASSET | TYPE OF TRANSACTION | AMOUNT OF TRANSACTION |
|---|---|---|---|
| Various | Scudder Tax Free Money Market | REDEEMED | D |
| 06/07/00 | Agilent Technologies (Hewlett Packard cost basis adjusted for value of spin-off) | Spin-off | B |
| 06/23/00 | Warner Lambert (Exchanged for Pfizer, Inc.) | E | Even Exchange |
| 06/23/00 | Pfizer, Inc. | E | Even Exchange |
| 10/10/00 | Avaya (Lucent Technologies cost basis adjusted for value of spin-off | Spin-off | Under $1,000 |
| 10/31/00 | Avaya | S | B |

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | NONE | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | NONE | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Member, Advisory Board | El Primer, LTD Morristown, NJ |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |

RODNEY P. FRELINGHUYSEN
335 James Street
Morristown, New Jersey 07960

Identity : B. P. Frelinghuysen Trust U/A
4/10/73 Banker's Trust Company, New York NY
Trustee (discretionary income interest)*

* Microsoft Corp. Purchase on 12/02/99
entered in wrong account. Corrected by
Banker's Trust Co. 1/03/00

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LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees



Martin Frost
(Full Name)

2256 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-3605
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: TX District: 24 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $280 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $280 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Mark Frost | 5-9-01 |

## SCHEDULE I - EARNED INCOME

| Name | Martin Frost | Page 2 of 21 |
|---|---|---|

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| US Army | Spouse salary | N/A |

## SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name Martin Frost



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| The Connell Company | Speech | Mar. 6, 2000 | $2,000 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Frost



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | American Electric Power formerly Central & Southwest Stock | $50,001 - $100,000 | DIVIDENDS | $2,501 - $5,000 | |
| | Eli Lily Stock | $100,001 - $250,000 | DIVIDENDS | $1,001 - $2,500 | |
| | Exxon Mobil Stock | $100,001 - $250,000 | DIVIDENDS | $2,501 - $5,000 | |
| | EDS Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Walmart Stock (IRA) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Treasury CATS (IRA) | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Frost



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|---|---|---|---|---|---|
| | Cisco Stock (IRA) | $1,001 - $15,000 | NONE | NONE | |
| | Municipal Investment Trust Fund | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Paine Webber Cash Fund | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| | Walmart Stock | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| | Investment Company of America (IRA) | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| | General Electric Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Frost



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Intel Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Lucent Technology Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Sun Microsystems Stock | $1,001 - $15,000 | NONE | NONE | |
| | AOL Time Warner Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Cisco Stock | $1,001 - $15,000 | NONE | NONE | |
| | Southwest Airlines | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Frost



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Thrift Savings | $50,001 - $100,000 | DIVIDENDS | $1,001 - $2,500 | |
| | Citrix Stock | $1,001 - $15,000 | NONE | NONE | |
| | Oracle Stock | $1,001 - $15,000 | NONE | NONE | |
| | Wright Patman Federal Credit Union Checking Account | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | Wright Patman Federal Credit Union Checking Account | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | PFCU Checking Account | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Frost



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | PFCU - IRA Accounts (2) | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| SP | Peoples Federal Savings & Loan Savings | $100,001 - $250,000 | INTEREST | $1 - $200 | |
| SP | AT&T Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Bell South Stock | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Lucent Technology Stock | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| SP | Daimler - Chrysler Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Frost



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Carolina Power & Light Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Fidellity Blue Chip Mutual Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | |
| SP | Fidelity Contra Fund Mutual Fund (IRA) | $100,001 - $250,000 | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | |
| SP | Fidelity Emerging Market Mutual Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |
| SP | Openheimer Convertible Bond Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |
| SP | Scudder Global Mutual Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | |

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|---|---|---|---|---|---|
| SP | USAA Income Stock Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |
| SP | US Savings Bonds | $15,001 - $50,000 | INTEREST | $1 - $200 | |
| SP | First Financial Holding | $1 - $1,000 | INTEREST | $1 - $200 | |
| SP | Leesburg Virginia Utility bond | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | First Citizens Bank (IRA) | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| SP | American Express IDS Growth Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |

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|---|---|---|---|---|---|
| SP | Richmond VA Public Employment Bond | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | First Penn Live Insurance | $15,001 - $50,000 | NONE | NONE | |
| SP | Fidelity Investment Equity Income Fund | $50,001 - $100,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | |
| SP | Franklin Utilities Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |
| SP | General Electric Stock | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | MFS Total Return Fund | $1,001 - $15,000 | DIVIDENDS/INTEREST | $201 - $1,000 | |

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|---|---|---|---|---|---|
| SP | Texaco Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | 3810 Vermont Court Alexandria, VA 22303 | $100,001 - $250,000 | RENT | $15,001 - $50,000 | |
| SP | 1/2 interest in 70 acres of cleared/cut pines, Latta, South Carolina | $15,001 - $50,000 | RENT | $1,001 - $2,500 | |
| SP | 1/2 interest in 100 acres of woodland, Latta, South Carolina | $15,001 - $50,000 | NONE | NONE | |
| SP | Carolina Community Bank | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| SP | MFS Emerging Growth Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | |

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| SP | MFS Mass Investor Growth Stock Fund | $1,001 - $15,000 | DIVIDENDS | $1,001 - $2,500 | |
| SP | Putnam Voyager II Class B | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | |
| SP | Putnam New Opportunity Fund Class B | $1,001 - $15,000 | DIVIDENDST/CAPITAL GAINS | $1 - $200 | |
| SP | Putnam Growth & Income Fund | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | Putnam Small Cap Fund Class B | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | Putnam Research Fund Class B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |

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|---|---|---|---|---|---|
| SP | Putnam Growth Opportunity Fund, Class B | $1 - $1,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |
| SP | Putnam Investor Fund Class B | $15,001 - $50,000 | CAPITAL GAINS | $1 - $200 | |
| SP | Sonoco Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Smith Barney Balanced Fund Class B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |
| SP | Southtrust Corp Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Aim Constellation Class B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |

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|---|---|---|---|---|---|
| SP | AIM Large Cap Opportunities CL B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |
| SP | MFS Mid Cap Growth Class B | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | MFS Capital Opportunities CL B | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | Putnam New Century Growth Class | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |
| SP | Putnam Health Science Class B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |
| SP | Aim Dent Demographic Trends | $1 - $1,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |

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| SP | AIM Large Capital Growth Class B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |
| DC | Coca Cola Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| DC | Bristol Myers Squibb Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| DC | AOL Time Warner Stock | $1,001 - $15,000 | NONE | NONE | |
| DC | Dell Computer Stock | $1,001 - $15,000 | NONE | NONE | |
| DC | General Electric Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

## SCHEDULE IV - TRANSACTIONS

Name Martin Frost



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Citrix Stock | P | 03-03-00 | $1,001 - $15,000 |
| | Oracle Stock | P | 03-03-00 | $1,001 - $15,000 |
| | Oracle Stock | P | 03-10-00 | $1,001 - $15,000 |
| | MacDonalds Stock | S | 09-28-00 | $1,001 - $15,000 |
| | Viacom Stock | S | 03-10-00 | $1,001 - $15,000 |
| | Stancorp Stock | S | 03-24-00 | $1,001 - $15,000 |
| SP | Putnam Health Science Fund B | P | 10-03-00 | $1,001 - $15,000 |
| SP | Putnam New Century Growth Fund - B | P | 03-10-00 | $1,001 - $15,000 |
| SP | MFS Emergency Growth Fund-B | P | 01-18-00 | $1,001 - $15,000 |
| SP | MFS Mid Cap Fund - B | P | 10-03-00 | $1,001 - $15,000 |
| SP | MFS Capitol Opportunity Fund-B | P | 10-03-00 | $1,001 - $15,000 |
| SP | AIM Demographic Trends Class B | P | 10-03-00 | $1,001 - $15,000 |

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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | AIM Large Capital Growth Class B | P | 10-03-00 | $1,001 - $15,000 |
| SP | AIM Constellation Class B | P | 10-03-00 | $1,001 - $15,000 |
| SP | AIM Large Cap Opportunities | P | 09-27-00 | $1,001 - $15,000 |
| SP | MFS Mass Investor Growth Stock B | S | 09-27-00 | $1,001 - $15,000 |
| SP | Putnam Growth & Income II Fund - B | S | 03-10-00 | $1,001 - $15,000 |
| SP | Putnam Investors Fund - B | S | 03-10-00 | $1,001 - $15,000 |
| DC | AT&T Stock | S | 06-06-00 | $1,001 - $15,000 |
| DC | Lucent Stock | S | 09-28-00 | $1,001 - $15,000 |
| DC | MacDonalds | S | 09-12-00 | $1,001 - $15,000 |
| DC | Radio Shack Stock | S | 12-27-00 | $1,001 - $15,000 |
| DC | Walmart Stock | S | 12-27-00 | $1,001 - $15,000 |

## SCHEDULE V - LIABILITIES

**Name** Martin Frost



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| SP | Northwest Mortgage | Mortgage on Rental Property, VA | $100,001 - $250,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Martin Frost



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| The Connell Company | Aug. 6 - 00 | Wash., DC to Newark, NJ (Roundtrip) | N | Y | N | N/A |
| AIPAC | June 1 & 2, 00 | DFW to Miami; Miami to Dulles, VA | Y | Y | N | N/A |
| NJDC | June 5, 00 | Washington, DC to Cleveland, Ohio (Roundtrip) | N | Y | N | N/A |

# SCHEDULE VIII - POSITIONS

**Name** Martin Frost



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | National Jewish Democratic Council |
| Board Member | World Craniofacial Foundation |
| Board Member | Texas Weslyan University |

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



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MAY 17 PM 1:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

22

HAND DELIVERED
(Office Use Only)

Martin Frost
(Full Name)

2256 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-3605
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: TX District: 24 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☐ Annual (May 15) | ☑ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☑ No ☐ | |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | |
| VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $280 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ | |
| VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $280 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ | |
| VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☑ No ☐ | |
| IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ | |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 10' 1).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Martin Frost | 5-9-01 |

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## SCHEDULE I - EARNED INCOME

| Name | Martin Frost | Page 2 of 22 |
|---|---|---|

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| US Army | Spouse salary | N/A |

## SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name Martin Frost



List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| The Connell Company | Speech | Mar. 6, 2000 | $2,000 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name: Martin Frost



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | American Electric Power formerly Central & Southwest Stock | $50,001 - $100,000 | DIVIDENDS | $2,501 - $5,000 | |
| | Eli Lily Stock | $100,001 - $250,000 | DIVIDENDS | $1,001 - $2,500 | |
| | Exxon Mobil Stock | $100,001 - $250,000 | DIVIDENDS | $2,501 - $5,000 | |
| | EDS Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Walmart Stock (IRA) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| | Treasury CATS (IRA) | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |

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Name Martin Frost



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|---|---|---|---|---|---|
| | Cisco Stock (IRA) | $1,001 - $15,000 | NONE | NONE | P |
| | Municipal Investment Trust Fund | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Paine Webber Cash Fund | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| | Walmart Stock | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| | Investment Company of America (IRA) | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| | General Electric Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

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|---|---|---|---|---|---|
| | Intel Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Lucent Technology Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Sun Microsystems Stock | $1,001 - $15,000 | NONE | NONE | |
| | AOL Time Warner Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Cisco Stock | $1,001 - $15,000 | NONE | NONE | |
| | Southwest Airlines | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

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|---|---|---|---|---|---|
| | Thrift Savings | $50,001 - $100,000 | DIVIDENDS | $1,001 - $2,500 | |
| | Citrix Stock | $1,001 - $15,000 | NONE | NONE | P |
| | Oracle Stock | $1,001 - $15,000 | NONE | NONE | P |
| | Wright Patman Federal Credit Union Checking Account | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | Wright Patman Federal Credit Union Checking Account | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | PFCU Checking Account | $15,001 - $50,000 | INTEREST | $1,001 - $2,500 | |

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|---|---|---|---|---|---|
| SP | PFCU - IRA Accounts (2) | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| SP | Peoples Federal Savings & Loan Savings | $100,001 - $250,000 | INTEREST | $1 - $200 | |
| SP | AT&T Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Bell South Stock | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Lucent Technology Stock | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| SP | Daimler - Chrysler Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

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| SP | Carolina Power & Light Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Fidellity Blue Chip Mutual Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | |
| SP | Fidelity Contra Fund Mutual Fund (IRA) | $100,001 - $250,000 | DIVIDENDS/CAPITAL GAINS | $5,001 - $15,000 | |
| SP | Fidelity Emerging Market Mutual Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |
| SP | Openheimer Convertible Bond Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |
| SP | Scudder Global Mutual Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | |

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| SP | USAA Income Stock Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |
| SP | US Savings Bonds | $15,001 - $50,000 | INTEREST | $1 - $200 | |
| SP | First Financial Holding | $1 - $1,000 | INTEREST | $1 - $200 | |
| SP | Leesburg Virginia Utility bond | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | First Citizens Bank (IRA) | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| SP | American Express IDS Growth Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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| SP | Richmond VA Public Employment Bond | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | First Penn Life Insurance | $15,001 - $50,000 | NONE | NONE | |
| SP | Fidelity Investment Equity Income Fund | $50,001 - $100,000 | DIVIDENDS/CAPITAL GAINS | $2,501 - $5,000 | |
| SP | Franklin Utilities Fund | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |
| SP | General Electric Stock | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| SP | MFS Total Return Fund | $1,001 - $15,000 | DIVIDENDS/INTEREST | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Frost



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Texaco Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | 3810 Vermont Court Alexandria, VA 22303 | $100,001 - $250,000 | RENT | $15,001 - $50,000 | |
| SP | 1/2 interest in 70 acres of cleared/cut pines, Latta, South Carolina | $15,001 - $50,000 | RENT | $1,001 - $2,500 | |
| SP | 1/2 interest in 100 acres of woodland, Latta, South Carolina | $15,001 - $50,000 | NONE | NONE | |
| SP | Carolina Community Bank | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| SP | MFS Emerging Growth Fund | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Frost



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|---|---|---|---|---|---|
| SP | MFS Mass Investor Growth Stock Fund | $1,001 - $15,000 | DIVIDENDS | $1,001 - $2,500 | S |
| SP | Putnam Voyager II Class B | $15,001 - $50,000 | DIVIDENDS/CAPITAL GAINS | $1,001 - $2,500 | |
| SP | Putnam New Opportunity Fund Class B | $1,001 - $15,000 | DIVIDENDST/CAPITAL GAINS | $1 - $200 | |
| SP | Putnam Small Cap Fund Class B | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | Putnam Research Fund Class B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |
| SP | Putnam Growth Opportunity Fund, Class B | $1 - $1,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Frost



| BLOCK A<br>Asset and/or Income Source<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>Year-End Value of Asset<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>Type of Income<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>Amount of Income<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>Transaction<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Putnam Investor Fund Class B | $15,001 - $50,000 | CAPITAL GAINS | $1 - $200 | S |
| SP | Sonoco Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Smith Barney Balanced Fund Class B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | |
| SP | Southtrust Corp Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| SP | Aim Constellation Class B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | P |
| SP | AIM Large Cap Opportunities CL B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Frost



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | MFS Mid Cap Growth Class B | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| SP | MFS Capital Opportunities CL B | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| SP | Putnam New Century Growth Class B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | P |
| SP | Putnam Health Science Class B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P |
| SP | Aim Dent Demographic Trends | $1 - $1,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | P |
| SP | AIM Large Capital Growth Class B | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $1 - $200 | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Frost



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| DC | Coca Cola Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| DC | Bristol Myers Squibb Stock | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| DC | AOL Time Warner Stock | $1,001 - $15,000 | NONE | NONE | |
| DC | Dell Computer Stock | $1,001 - $15,000 | NONE | NONE | |
| DC | General Electric Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

## SCHEDULE IV - TRANSACTIONS

Name Martin Frost



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Citrix Stock | P | 03-03-00 | $1,001 - $15,000 |
| | Oracle Stock | P | 03-03-00 | $1,001 - $15,000 |
| | Oracle Stock | P | 03-10-00 | $1,001 - $15,000 |
| | MacDonalds Stock | S | 09-28-00 | $1,001 - $15,000 |
| | Viacom Stock | S | 03-10-00 | $1,001 - $15,000 |
| | Stancorp Stock | S | 03-24-00 | $1,001 - $15,000 |
| SP | Putnam Health Science Fund B | P | 10-03-00 | $1,001 - $15,000 |
| SP | Putnam New Century Growth Fund - B | P | 03-10-00 | $1,001 - $15,000 |
| SP | MFS Emerging Growth Fund-B | P | 01-18-00 | $1,001 - $15,000 |
| SP | MFS Mid Cap Fund - B | P | 10-03-00 | $1,001 - $15,000 |
| SP | MFS Capitol Opportunity Fund-B | P | 10-03-00 | $1,001 - $15,000 |
| SP | AIM Demographic Trends Class B | P | 10-03-00 | $1,001 - $15,000 |

## SCHEDULE IV - TRANSACTIONS

**Name** Martin Frost



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| SP | AIM Large Capital Growth Class B | P | 10-03-00 | $1,001 - $15,000 |
| SP | AIM Constellation Class B | P | 10-03-00 | $1,001 - $15,000 |
| SP | AIM Large Cap Opportunities | P | 09-27-00 | $1,001 - $15,000 |
| SP | MFS Mass Investor Growth Stock B | S | 09-27-00 | $1,001 - $15,000 |
| SP | Putnam Growth & Income II Fund - B | S | 03-10-00 | $1,001 - $15,000 |
| SP | Putnam Investors Fund - B | S | 03-10-00 | $1,001 - $15,000 |
| DC | AT&T Stock | S | 06-06-00 | $1,001 - $15,000 |
| DC | Lucent Stock | S | 09-28-00 | $1,001 - $15,000 |
| DC | MacDonalds | S | 09-12-00 | $1,001 - $15,000 |
| DC | Radio Shack Stock | S | 12-27-00 | $1,001 - $15,000 |
| DC | Walmart Stock | S | 12-27-00 | $1,001 - $15,000 |
| | Coca Cola (IRA) Stock | S | 02-10-01 | $1,001 - $15,000 |

## SCHEDULE IV - TRANSACTIONS

Name Martin Frost



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Cisco Stock (IRA) | P | 02-10-01 | $1,001 - $15,000 |
| | Wamart Stock (IRA) | P | 02-10-01 | $1,001 - $15,000 |
| SP | MFS Mass Investors Growth Stock Fund B | P | 01-18-01 | $1,001 - $15,000 |

# SCHEDULE V - LIABILITIES

**Name** Martin Frost



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| SP | Northwest Mortgage | Mortgage on Rental Property, VA | $100,001 - $250,000 |

## SCHEDULE VIII - POSITIONS

Name Martin Frost



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | National Jewish Democratic Council |
| Board Member | World Craniofacial Foundation |
| Board Member | Texas Weslyan University |

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Martin Frost



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| The Connell Company | Aug. 6 - 00 | Wash., DC to Newark, NJ (Roundtrip) | N | Y | N | N/A |
| AIPAC | June 1 & 2, 00 | DFW to Miami; Miami to Dulles, VA | Y | Y | N | N/A |
| NJDC | June 5, 00 | Washington, DC to Cleveland, Ohio (Roundtrip) | N | Y | N | N/A |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

APR 28 2001
LEGISLATIVE RESOURCE CENTER

2001 APR 27 AM 9:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Elton Gallegly
(Full Name)

P. O. Box 940001
(Mailing Address)

Simi Valley, CA 93094-0001

Daytime Telephone: 202-225-5811/805-485-2300

| | | | |
|---|---|---|---|
| **Filer Status** | [XX] Member of the U.S. House of Representatives | State: CA District: 23 | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [XX] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [XX] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [XX] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [XX] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [XX] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [XX] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [XX] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [XX] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [XX] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [XX] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Elton Gallegly | 4-17-01 |

1501

| Name | Elton Gallegly | Page 2 of 6 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Dynamic Realty | Spouse salary | N/A |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Elton Gallegly



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000 | P, S, E |
| SP | Mega Corp. Stock | X | X | | P |
| DC | Simon & Schuster | Indefinite | | X | |
| JT | 1st Bank of Paducah, KY accounts | X | X | X | |
| JT | 1791 Erringer Road Simi Valley, CA | X | XX | X | |
| JT | 1353 Agnew Street Simi Valley, CA | X | XX | X | |
| JT | 1772 Sinaloa Road Simi Valley, CA | XX | XX | X | |
| SP | Dynamic Realty, Simi | XX | | N/A | |
| JT | First Western Bank | XX | XX | XX | |
| JT | Peoples Bank | XX | XX | XX | |

*Examples:*

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Elton Gallegly

Page 4 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | World Savings | XX | | | | | | | | | | | | | | X | | | | | | | | | XX | | | | | | | |
| | Keough-Wells Fargo | | | XX | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| | IRA-Resources Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RTC Cash Account | | XX | | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| | Ventura Pacific | | | XX | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| | John Hancock | | | | | | XX | | | | | | | | | | | | | | N/A | | | | | | | | | | | P |
| | Coca-Cola | | | XX | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| SP | IRA-Fortis Global Gwth | | | | XX | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| SP | IRA-DLJSC - Amgen | | | | | XX | | | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| SP | IRA-DLJSC - Coca-Cola | | | XX | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| JT | Midland Property Ltd. | | | | XX | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| | Ptr XXIII who owns affordable housing at Central Ave. & Ventura Ct., Center, Colorado and who owns senior housing at 1015 "O" Street, Sacramento, CA 95814 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IRA-Resources Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Prologis Trust | XX | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | S |
| | Rincon Pacific Mgt | X | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | S |
| | Franklin Money | X | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | P & S |

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## SCHEDULE IV — TRANSACTIONS

Name Elton Gallegly



| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | IRA - Prologis Trust | | X | | 1-26-00 | | X | | | | | | | | |
| | IRA - Rincon Pacific Management | | X | | 2-8-00 | | | | X | | | | | | |
| | IRA - Franklin Money | X | | | 2-22-00 | | | | X | | | | | | |
| | IRA - Franklin Money | | X | | 3-6-00 | | | | X | | | | | | |
| | IRA - John Hancock Mutual Funds | X | | | 3-9-00 | | | | X | | | | | | |

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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Name Elton Gallegly



## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Caruana Ramily Trust<br>10920 Melvin Ave., Northridge, CA | Mortgage 1791 Erringer<br>Simi Valley CA | | | | X | | | | | | |
| JT | GMAC Mortgage<br>P.O.Box 780, Waterloo, IA 50704 | Mortgage 1353 Agnew St.<br>Simi Valley CA | | | | X | | | | | | |
| JT | Atlantic Mortgage**<br>135 S. LaSalle, Chicago, IL | Mortgage 1772 Sinaloa Rd | | | X | | | | | | | |
| | **This loan was sold to Atlantic Mortgage by the previous lender Liberty Lending Services, Inc. | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

APR 9 2001 (8)

MC (Office Use Only)

John Gregory GANSKE M.D.
(Full Name)

5206 Waterburn Rd Des Moines IA 50312
(Mailing Address) Daytime Telephone 515 277-4886

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: IA District: 4th | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ No ☑ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Greg Ganske | 4/09/01 |

1507

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Corrine GANSKE, M.D. medical practice Iowa Health Systems | Salary, spouse | N.A. |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Greg GANSKG



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset | Block C: Type of Income | Block D: Amount of Income | Block E: Transaction |
|---|---|---|---|---|---|
| SP, DC, JT | Examples: SP Mega Corp. Stock | | DIVIDENDS: X | | P |
| | Examples: Simon & Schuster | Indefinite | Other Type of Income (Specify, For Example, Partnership Income or Farm Income): Royalties | | |
| | Examples: 1st Bank of Paducah, KY account | | INTEREST: X | | |
| | ST Joe Company | | DIVIDENDS: X | Amount of Income: V ($2,501 - $5,000): X | |
| | Central Fund CDA LTD | | DIVIDENDS: X | Amount of Income: III ($201 - $1,000): X | |
| | IRA Vanguard Windsor | | DIVIDENDS: X | Amount of Income: V ($2,501 - $5,000): X | |
| | IRA Vanguard Index 500 | | DIVIDENDS: X | | |
| | Keogh - James Tiwanky | | DIVIDENDS: X | Amount of Income: V ($2,501 - $5,000): X | |
| | Keogh - Mutual Shares | | DIVIDENDS: X | | |

For additional assets and unearned income, use next page.

## CHEDULE III — ASSETS AND "UNEARNED" INCOME

ontinuation Sheet (if needed)

Name Greg GANSKE

Page 5 of 9

| P, O, T | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B [illegible] | C $1,001 – $15,000 | D [illegible] | E $50,001 – $100,000 | F [illegible] | G $250,001 – $500,000 | H [illegible] | I $1,000,001 – $5,000,000 | J [illegible] | K $25,000,001 – $50,000,000 | L [illegible] | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | UNEARNED INCOME | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II [illegible] | III $201 – $1,000 | IV [illegible] | V $2,501 – $5,000 | VI [illegible] | VII $15,001 – $50,000 | VIII [illegible] | IX $100,001 – $1,000,000 | X [illegible] | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Fiddity Growth Fund | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | |
| | Dreyfus Gen Govt | | | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | |
| | Keogh - Vanguard Windsor | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | | | | |
| | Keogh - Schwab S&P 500 | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | | | | |
| | Keogh - Schwab Govt Money | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | Farmland - 160 acres IA | | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Checking account - Wells Fargo (Nonvest) | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | Farmway Acres Stock | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| P | Keogh - Schwab | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| P | IRA - Fidelity | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| P | IRA - Vanguard Windsor | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| P | TSA - Equivest | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| P | Savings - Wells Fargo (Nonvest) | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| P | Checking " " " | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SC | Trust - Bankers | | | | | | | | X | | | | | X | | X | | | | | | | | | | | | | | | | |
| | Wells Fargo (Nonvest) Brokerage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P | Fidelity Adv Growth | | | X | | | | | | | | | | X | | X | | | | | | | X | | | | | | | | | |
| P | Vanguard S&P 500 Index | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| P | Wells Fargo (Nonvest) Adv Cash | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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## SCHEDULE IV — TRANSACTIONS

Name Greg GANUSKE Page 6 of 9

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | NONE | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | |
| SP | *Example:* | Mega Corporation Common Stock | | | | 10–12–00 | | X | | | | | | | | |
| | none | | | | | | | | | | | | | | | |

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Name GREG GANSKE

Page 7 of 9

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | none | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| none | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | none | | | | | | |

| Name | GREG GANSKE | Page 9 of 9 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| none | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | none | |
| | | |
| | | |
| | | |
| | | |
| | | |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
01 MAY 17 AM 8:52
(7)
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
MAY 10 2001
(Office Use Only)

GEORGE W. GEKAS
(Full Name)

732 SOUTH 25th STREET
(Mailing Address)

(202) 225-4315
Daytime Telephone:

HARRISBURG, PA 17111

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: PA District: 17th | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | 5/12/01 |

Name GEORGE W. GEKAS | Page 2 of 7

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | GORDON D. MYERS, M.D. | Spouse Salary | NA |
| | COMMONWEALTH OF PENNSYLVANIA STATE EMPLOYEES' RETIREMENT SYSTEM | LEGISLATIVE PENSION | $ 16,641 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: GEORGE W. GEKAS



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | BLOCK A Asset and/or Income Source | Block B: A None | B $1-$1,000 | C $1,001-$15,000 | D $15,001-$50,000 | E $50,001-$100,000 | F $100,001-$250,000 | G $250,001-$500,000 | H $500,001-$1,000,000 | I $1,000,001-$5,000,000 | J $5,000,001-$25,000,000 | K $25,000,001-$50,000,000 | L Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | COMPOSITE FUND TRUST | Other Type of Income (Specify For Example, Partnership Income or Farm Income) | Block D: I None | II $1-$200 | III $201-$1,000 | IV $1,001-$2,500 | V $2,501-$5,000 | VI $5,001-$15,000 | VII $15,001-$50,000 | VIII $50,001-$100,000 | IX $100,001-$1,000,000 | X $1,000,001-$5,000,000 | XI Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC, JT | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | ALLFIRST BANK BALTIMORE, MD (IRA) | | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | P, S |
| SP | PRUDENTIAL SECURITIES (IRA) NEW YORK, NY (SEE SCHEDULE A) | | | | | | | X | | | | | | X | | X | X | | | | | | N/A | | - | IRA | | | | | | P |
| SP | DIVERSIFIED INVESTMENT ADVISORS, PURCHASE, NY (IRA) | X | | | | | | | | | | | | | | X | | | | | | | N/A | | - | IRA | | | | | | S |
| | CONGRESSIONAL FEDERAL CREDIT UNION WASHINGTON, D.C. | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | ALLFIRST BANK BALTIMORE, MD | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | MID PENN BANK MILLERSBURG, PA | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GEORGE W. GEKAS

Page 4 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X $5,000,001 – $25,000,000 | XI Over $25,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Waypoint Bank ~~Harris Savings~~ PA (1) | | | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | US Savings Bonds "EE" | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | S |
| | Invesco Funds Group Inc. Denver, CO | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | 124 Light Street ~~Harrisburg~~ PA | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Interest in Estate of Louis Gekas | X | | | | | | | | | | | | | | | | | | None | X | | | | | | | | | | | E |
| SP | 213 S. 21st Street ~~Harrisburg~~ PA | | | | | X | | | | | | | | | | | | | | None | X | | | | | | | | | | | |
| SP | Commerce Bank Camp Hill PA | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| JT | PNC Bank Camp Hill, PA | | | X | | | | | | | | | | | | | | | | None | X | | | | | | | | | | | |
| SP | US Savings Bonds "EE" | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | First Union National Bank, Harrisburg | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | (2) |

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(1) Formerly: Harris Savings Association
(2) Income "Savings Account" less than $1,000

## SCHEDULE IV — TRANSACTIONS

Name GEORGE W. GEKAS



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H1 $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Allfirst Bank (IRA) | X | | | 4.14.00 | X | | | | | | | | | |
| | Allfirst Bank (IRA) | | X | | 12.26.00 | X | | | | | | | | | |
| SP | Prudential Securities (IRA): Dividends Reinvested | | | | | | | | | | | | | | |
| | Aim Equity Funds, Inc. Charter Fund | X | | | 12.18.00 | X | | | | | | | | | |
| | Aim Equity Funds, Inc. Constellation Fund | X | | | 12.18.00 | X | | | | | | | | | |
| | Phoenix Balanced Fund | X | | | 12.22.00 | X | | | | | | | | | |
| | Prudential Moneymart | X | | | 12.31.00 | X | | | | | | | | | |
| | Prudential Jennison Growth Fund, Inc | X | | | 12.1.00 | X | | | | | | | | | |
| SP | Diversified Investment Advisors (IRA) | | X | | 8.1.00 | X | | (Loss) | | | | | | | |
| | U.S. Savings Bond "EE" | | X | | 12.1.00 | X | | | | | | | | | |
| SP | Interest in Estate of Louis Charas | | | X | 8.9.00 | | X | | | | | | | | |
| | Property was transferred to spouse as beneficiary | | | | | | | | | | | | | | |
| | 732 S. 2th Street is a personal residence. | | | | | | | | | | | | | | |
| | – | | | | | | | | | | | | | | |

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Name GEORGE W. GEKAS | Page 6 of 7

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–Over $50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | VARTAN NATIONAL BANK, Harrisburg PA | BLANKET MORTGAGE ON – 722 S. 25TH ST., HBG, PA 313 S. 31ST ST., HBG, PA 124 BOAS ST., HBG, PA | | | X | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

Geirge W. Gekas
Financial Disclosure Statement: 2000

**Exhibit A**

Schedule III - Assets
Prudential Securities - Spouse - IRA

Assets related to the IRA account on December 31, 2000

| | Value |
|---|---|
| AIM Equity Funds, Inc. - Charter Fund | $100,001 - $250,000 |
| Aim Equity Funds, Inc. - Constellation Fund | $15,001 - $50,000 |
| Phoenix Balanced Fund | $15,001 - $50,000 |
| Prudential Jennison Growth Fund, Inc. - Class A | $15,001 - $50,000 |
| Prudential Moneymart Asset Fund (Cash) | $1,001 - $15,000 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

FORM A
For use by Members, officers, and employees

HAND DELIVERED
(10) LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:38
MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Richard A. Gephardt
(Full Name)

H-204 The Capitol
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202) 225-0100

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: MO District: 03 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Richard A. Gephardt | 5-15-01. |

1522

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Northern Virginia Medical Association | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

Name Richard A. Gephardt



## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | | Value of Asset | Dividends | Rent | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Amount of Income | Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | | | | | | | | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | | X | | | | | | | X | P |
| | DC Simon & Schuster | | Indefinite | | | | | | | Royalties | | |
| | JT 1st Bank of Paducah, KY accounts | | X | | | X | | | | | X | |
| JT | Vanguard Growth and Income Fund | | X | X | | | X | | | | X | |
| JT | Reynolds Blue Chip Growth Fund | | X | | | | | | | | X | P |
| JT | Vanguard 500 Index Fund | | X | X | | | X | | | | X | |
| JT | Janus Fund | | X | X | | | X | | | | X | |
| JT | Janus Mercury Fund | | X | X | | | X | | | | X | P |
| JT | Janus Enterprise Fund | | X | X | | | X | | | | X | P |

If additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard A. Gephardt

Page 4 of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Janus Olympus Fund | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |
| JT | Janus Growth and Income | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| JT | Janus Balanced | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P |
| JT | Janus Equity Income | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| JT | Vanguard Health Care | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| JT | Vanguard Tax-Managed Cap. Apprec. | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |
| JT | Vanguard Total Stock Market Index | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |
| JT | Vanguard U.S. Growth | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| JT | Harbor Capital Appreciation | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| JT | PBHG Select Equity | | | | X | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P |
| JT | PBHG Large Cap 20 | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| JT | PBHG Mid-Cap Value | | | | X | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P |
| JT | PBHG Large Cap Growth | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| JT | T. Rowe Price Mid-Cap Growth | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| JT | Dresdner RCM Global Technology | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |
| JT | Dresdner RCM Large Cap Growth | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P |
| JT | Dresdner RCM Global Small Cap | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P |

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard A. Gephardt

Page 5 of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Dresdner RCM Global Health Care | | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |
| JT | Dresdner RCM Biotechnology | | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |
| JT | Firsthand Tech.Value | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P |
| JT | Firsthand Tech. Leaders | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |
| JT | Bridgeway Aggressive Growth | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| JT | Strong Opportunity | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P |
| JT | Reserve Small-Cap Growth | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| JT | Berger Large Cap Growth | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | All new assets acquired by virtue of inheritance from wife's parents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Richard A. Gephardt



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | Janus Mercury | X | | | 2–10–00 | X | | | | | | | | | |
| JT | Janus Enterprise | X | | | 2–10–00 | X | | | | | | | | | |
| JT | Janus Olympus | X | | | 4–3–00 | X | | | | | | | | | |
| JT | Janus Growth & Income | X | | | 6–12–00 | | X | | | | | | | | |
| JT | Janus Balanced | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Janus Equity Income | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Vanguard Health Care | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Vanguard Tax-Managed Cap. Apprec. | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Vanguard Total Stock Market Index | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Vanguard U.S. Growth | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Harbor Capital Appreciation | X | | | 6–13–00 | | X | | | | | | | | |
| JT | PBHG Select Equity | X | | | 4–14–00 | X | | | | | | | | | |
| JT | PBHG Select Equity | X | | | 7–26–00 | | X | | | | | | | | |
| JT | PBHG Large Cap 20 | X | | | 6–12–00 | X | | | | | | | | | |
| JT | PBHG Mid-Cap Value | X | | | 6–12–00 | X | | | | | | | | | |
| JT | PBHG Large Cap Growth | X | | | 6–12–00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Richard A. Gephardt



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | T. Rowe Price Mid-Cap Growth | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Dresdner RCM Global Technology | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Dresdner RCM Large Cap Growth | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Dresdner RCM Global Small Cap | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Dresdner RCM Global Health Care | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Dresdner RCM Biotechnology | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Firsthand Technology Value | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Firsthand Technology Leaders | X | | | 6–12–00 | X | | | | | | | | | |
| JT | Bridgeway Aggressive Growth | X | | | 6–8–00 | | X | | | | | | | | |
| JT | Strong Opportunity | X | | | 6–8–00 | | X | | | | | | | | |
| JT | Reserve Small-Cap Growth | X | | | 6–8–00 | X | | | | | | | | | |
| JT | Berger Large Cap Growth | X | | | 6–8–00 | | X | | | | | | | | |
| JT | Reynolds Blue Chip Growth | X | | | 4–14–00 | X | | | | | | | | | |
| | All new assets acquired by virtue of inheritance from wife's parents | | | | | | | | | | | | | | |

This page may be copied if more space is required.

Name Richard A. Gephardt | Page 8 of 10

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Northwestern University | Student Loan | X | | | | | | | | | |
| JT | First Tennessee Bank | Student Loan | | | X | | | | | | | |
| JT | General American Life Ins. Co. | Loan on Life Ins. Policy | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | AFSCME | June 27 | DC-Philadelphia-DC | N | N | N | N |
| | ATLA | July 29-30 | Boston-Chicago-DC | Y | N | N | N |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Institute Board | Public Policy School, Duke University (uncompensated) |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

5

James Arthur Gibbons
(Full Name)

(Mailing Address)

(775) 851-9266
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: District: | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | James A. Gibbons | May 15, 2001 |

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| Name James Gibbons | Page 1 of 4 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Dewing Syndicate, Inc. | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name James Gibbons | Page 2 of 4

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; INTEREST; EXCEPTED TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000; XI | P, S, E |
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | E | X | | | | X | | | | P |
| | Simon & Schuster | Indefinite | | | | | | | Royalties | | X | | |
| | 1st Bank of Paducah, KY accounts | | | | | | | | | X | | | |
| JT | US Bancorp | | X | | | | | | X | | X | | |
| | Dean Witter IRA | | | | | | | | | | N | | |
| SP | Dean Witter IRA | | | X | | | | | | | N | | |
| | Delta Family Care Savings | | | X | | | | | | | N | Na | Sel | Dir | Acc |
| | 3 vacant lots, Washoe County, Nevada | | | | | | | | | X | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Gibbons

Page 3 of 4

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1) Wedekind Rd = 1.17 ±ac | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2) Northern Washoe County | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Parcel 1 = 5.20 ±ac | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Parcel 2 = 40 ±ac | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (All unimproved = vacant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Dean Witter (variable annuity) | | | | X | | | | | | | | | X | | | X | | | | X | | | | | | | | | | | |
| | U.S. Bank of NV | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| DC | U.S. Bank of NV | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| DC | Dean Witter Investments; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Coca Cola Stock | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Intel Corp Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | U.S. Treasury Zero Coupon Bonds | | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| DC | Dean Witter Holdings; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | European Growth Fund | | | X | | | | | | | | | | X | | | X | | | | | | | | | | | | | | | |
| | Global Dividend Growth | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | |
| | American Value Fund | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | |
| | Dividend Growth Fund | | | | X | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | |
| DC | State Farm-Universal Life | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | Policies (Policies in irrevocable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | trust to benefit stepparent + child) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Delta Pension | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dean Witter M.M. | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

NA - not self directed

This page may be copied if more space is required.

| Name | James Gibbons | Page 4 of 4 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1-1-00 | Delta Pension Benefits | Monthly Withdrawal of $504.00 |
| 1-1-00 | Travelers Pension (Delta) | Monthly Withdrawal of $161.93 |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70-726 (mac)

JIM GIBBONS
2ND DISTRICT, NEVADA

COMMITTEE ON RESOURCES
SUBCOMMITTEE ON NATIONAL PARKS AND PUBLIC LANDS
SUBCOMMITTEE ON ENERGY AND MINERAL RESOURCES

COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE ON MILITARY PROCUREMENT
SUBCOMMITTEE ON MILITARY READINESS

Congress of the United States
House of Representatives

SELECT COMMITTEE ON INTELLIGENCE
SUBCOMMITTEE ON TECHNICAL AND TACTICAL INTELLIGENCE

COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON BENEFITS

GAMING CAUCUS, Vice Chairman
AIR POWER CAUCUS
NATIONAL GUARD AND RESERVE COMPONENTS CAUCUS

June 12, 2001

HAND DELIVERED

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(6)
MC

Honorable Joel Hefley, *Chairman*
Committee on Standards of Official Conduct
H-T2, The Capitol
Washington D.C. 20515

Dear Mr. Hefley:

Please note that the Preliminary Information section of my Annual Financial Disclosure Statement was marked in the affirmative for Schedule IV, when it should have been marked in the negative.

The question, "Did you or your spouse, or dependent child purchase, sell or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period?" should have been marked "No".

I have enclosed the corrected Preliminary Information Cover Sheet and a copy of the original statement filed with your office on May 15, 2001. Please accept my apology for any inconvenience this may have caused the Committee.

Sincerely,

Jim Gibbons
Member of Congress

CONGRESSIONAL OFFICES

100 Cannon House Office Building
Washington, DC 20515
(202) 225 6155
Fax (202) 225 5679

400 South Virginia Street, Suite 502
Reno, Nevada 89501
(775) 686 5760
Fax (775) 686 5711

850 South Durango Drive, Suite 107
Las Vegas, Nevada 89145
(702) 255 1651
Fax (702) 255 1977

Western Elite Center
501 Railroad Street, Suite 202
Elko, Nevada 89801
(775) 777 7820
Fax (775) 777 7937

Website: http://www.house.gov/gibbons/

E-mail: mail.gibbons@mail.house.gov

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2001 MAY 15 PM 4:01

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

James Arthur Gibbons
(Full Name)

(Mailing Address)

(775) 851-4266
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: District: | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] | No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | James A. Gibbons | May 15, 2001 |

Name James Gibbons | Page 1 of 4

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Deuring Syndicate, Inc. | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

Name James Grobbens | Page 2 of 4

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify: (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None | B $1,001 - $15,000 | C $15,001 - $50,000 | D $50,001 - $100,000 | E $100,001 - $250,000 | F $250,001 - $500,000 | G $500,001 - $1,000,000 | H $1,000,001 - $5,000,000 | I $5,000,001 - $25,000,000 | J $25,000,001 - $50,000,000 | K Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $201 - $1,000 | III $1,001 - $2,500 | IV $2,501 - $5,000 | V $5,001 - $15,000 | VI $15,001 - $50,000 | VII $50,001 - $100,000 | VIII $100,001 - $1,000,000 | IX $1,000,001 - $5,000,000 | X Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: SP Mega Corp. Stock | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | P |
| DC | Examples: Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | X | | |
| JT | Examples: 1st Bank of Prelucah, KY accounts | | | | | | | | | | | | | | X | | | | | | | | | | | | | | |
| JT | U.S Bancorp | | | X | | | | | | | | | | | X | X | | | | | | X | | | | | | | |
| | Dean Witter IRA | | | | | | | | | | | | | | | | | | | | | N | | | | | | | |
| SP | Dean Witter IRA | | | | X | | | | | | | | | | | | | | | | | N | | | | | | | |
| | Delta Family Care Savings | | | | X | | | | | | | | | | | | | | | | | N | | N | | Sold | Dividend | | |
| | 3 vacant lots, Washoe County, Nevada | | | | | | | | | | | | | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Gibbons

Page 3 of 4

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | C $1,001 - $15,000 | E $15,001 - $50,000 | G $50,001 - $100,000 | I $100,001 - $250,000 | K $250,001 - $500,000 | $500,001 - $1,000,000 | $1,000,001 - $5,000,000 | $5,000,001 - $25,000,000 | $25,000,001 - $50,000,000 | BLOCK C Type of Income: DIVIDENDS | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | NON-EXCEPTED TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | III $201 - $1,000 | V $1,001 - $2,500 | VII $2,501 - $5,000 | $5,001 - $15,000 | IX $15,001 - $50,000 | $50,001 - $100,000 | XI $100,001 - $1,000,000 | Over $1,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1) Wedekind Rd = 1.17 ac | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2) Northern Warren County | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Parcel 1 = 5.20 ac | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Parcel 2 = 40 ac | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (all unimproved vacant variable) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Dean Witter (annuity) | | | X | | | | | | | | X | | X | | | | X | | | | | | | | | |
| | U.S Bank of NV | | X | | | | | | | | | | X | | X | | | | | | | | | | | | |
| DC | U.S Bank of NV | | X | | | | | | | | | | X | | X | | | | | | | | | | | | |
| DC | Dean Witter Investments: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Coca Cola Stock | X | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | Intel Corp Stock | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | U.S Treasury Zero Coupon Bonds | | | | | | | | | | | | X | | | | | | | | X | | | | | | |
| DC | Dean Witter Holdings: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | European Growth Fund | | X | | | | | | | | | X | | | X | | | | | | | | | | | | |
| | Global Dividend Growth | | X | | | | | | | | | X | | | X | | | | X | | | | | | | | |
| | American Value Fund | | X | | | | | | | | | X | | | X | | | | X | | | | | | | | |
| | Dividend Growth Fund | | | X | | | | | | | | X | | | X | | | | | | X | | | | | | |
| DC | State Farm-Universal Life | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| | Policies (Policies in irrevocable | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | trust to benefit a grandchild) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Delta Pension | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| | Dean Witter MM | | X | | | | | | | | | | X | | | | | | X | | | | | | | | |

This page may be copied if more space is required.

| Name James Gubbins | Page 4 of 4 |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | |
| | |
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| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1-1-00 | Delta Pension Benefits | Monthly Withdrawal of $504.00 |
| 1-1-00 | Travelers Pension (Delta) | Monthly Withdrawal of $161.93 |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70-729 (mac)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 11 AM 10:49 (5)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

Wayne T. Gilchrest
(Full Name)

13501 Turners Creek Road, Kennedyville, Md., 21645 410-348-2018
(Mailing Address) (Daytime Telephone)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Maryland District: First | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Wayne T. Gilchrest | 5/10/01 |

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Wayne T Gilchrest

Page 2 of 5

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | Block A: Asset and/or Income Source | Block B: Value of Asset | Block C: Type of Income | Block D: Amount of Income | Block E: Transaction |
|---|---|---|---|---|---|---|
| SP, DC, JT | SP | Mega Corp. Stock | $50,001 – $100,000 | DIVIDENDS: X | $1,001 – $2,500 | P |
| | | Simon & Schuster | Indefinite | Royalties | $2,501 – $5,000 | |
| | | 1st Bank of Paducah, KY accounts | $250,001 – $500,000 | INTEREST: X | $15,001 – $50,000 | |
| JT | | Peoples Bank | $1,001 – $15,000 | INTEREST: X | $201 – $1,000 | |
| SP | | Peoples Bank | $1,001 – $15,000 | INTEREST: X | $201 – $1,000 | |
| JT | | Morgan Stanley Dean Witter Money Market | $1,001 – $15,000 | INTEREST: X | $201 – $1,000 | |

Block A: None; A $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000

Block C: DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)

Block D: None; I $1 – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X $5,000,001 – Over $5,000,000; XI Over $5,000,000

Block E: P, S, E

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Wayne T Gilchrest

Page 3 of 5

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENTS | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | COMPLETED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | P, S, E |
| | Inherited listed securities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Alliance Services | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | A T & T | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Avaya | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Connectiv | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Consumers Financial | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Delphi Automotive | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Dominion Resources | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | General Motors | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Intel | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Lucent Technologies | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | NCR Corp | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Nuveen Mun Value Fund | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Potomac Electric | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Raytheon Corp | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | SBC Communications | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Wash Gas Light | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Viacom | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | Verizon Communications | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | |

All listed securities are held in street name with Morgan Stanley Dean Witter & Co. All dividends are paid directly to them. They then form 1099 for the Gilchrests in the $ 1,501-$5,000 range.

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## SCHEDULE IV — TRANSACTIONS

Name Wayne T. Gilchrest



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | Rexall Sundown Inc. common stock | | X | | 06/08/00 | | | | | | | | | | |
| JT | GTE common stock merged into Verizon Communications | | | X | 07/01/00 | | | | | | | | | | |
| JT | CBS Inc. merged with Viacom | | | X | 05/04/00 | | | | | | | | | | |
| JT | Bell Atlantic changed name to Verizon | | | X | 07/01/00 | | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | National Parks Conservation | Aug. 9-16 | Balto. Md.- Anchorage, | Y | Y | Y | N |
| | Association | | Alaska - Balto. Md. | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Purpose of trip: To view conditions of federally managed parklands | | | | | | |
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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A



For use by Members, officers, and employees

Paul E. Gillmor
(Full Name)

7750 North County Road 51 Old Fort, OH 44861
(Mailing Address)

202-225-6405
Daytime Telephone

| | | | |
|---|---|---|---|
| Filer Status | ☑ Member of the U.S. House of Representatives — State: OH District: 5 | ☐ Officer Or Employee | Employing Office |
| Report Type | ☑ Annual (May 15) ☐ Amendment | ☐ Termination | Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| Trusts- | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| Exemptions– | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Paul E. Gillmor | May 15, 2001 |

## SCHEDULE I - EARNED INCOME

**Name** Paul E. Gillmor



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| State of Ohio | Spouse salary | N/A |
| Public Employees Retirement System of Ohio | Pension | $41,872 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Cooker Restaurants - stock | $1,001 - $15,000 | Dividends | NONE | S |
| | Matlack, Inc - stock | $1,001 - $15,000 | Dividends | NONE | |
| | Rollins Truck Leasing - stock | $100,001 - $250,000 | Dividends | $5,001 - $15,000 | S |
| | Max & Erma's Restaurants - stock | $15,001 - $50,000 | CAPITAL GAINS | $5,001 - $15,000 | S |
| | Safety Kleen - stock | $1 - $1,000 | Dividends | NONE | |
| | Industrial Bancorp - stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E Gillmor



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Dealers Alliance - stock | $100,001 - $250,000 | Dividends | $1,001 - $2,500 | |
| | Gillmor Financial Services - stock | $5,000,001 - $25,000,000 | Dividends | $50,001 - $100,000 | |
| | Paul M. Gillmor Company - stock | $250,001 - $500,000 | Dividends | $5,001 - $15,000 | |
| | EZ Color - stock | $15,001 - $50,000 | Dividends | NONE | |
| | Bayshore Leasing - stock | $15,001 - $50,000 | Dividends | NONE | |
| | National Research Corporation - stock | $1,001 - $15,000 | Dividends | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investment(s) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Gillmor Family Partnership | $15,001 - $50,000 | Interest | $201 - $1,000 | |
| | First Solar (formerly First Star) - stock | $15,001 - $50,000 | Dividends | NONE | |
| | Old Fort Bank account | $15,001 - $50,000 | Interest | $201 - $1,000 | |
| | Old Fort Bank IRA account | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| | Charles Schawb & Co margin account | $1,001 - $15,000 | Interest | $201 - $1,000 | |
| | Congressional Credit Union account | $1,001 - $15,000 | Interest | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | David Phillips note | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| | Thermocolor note | $100,001 - $250,000 | Interest | NONE | |
| | First Federal account | $1,001 - $15,000 | Interest | $1 - $200 | |
| | DeNovo Corporation - stock | $1,001 - $15,000 | Dividends | NONE | |
| SP | Old Fort Bank IRA account | $15,001 - $50,000 | Interest | $1,001 - $2,500 | |
| SP | American General - stock | $15,001 - $50,000 | Dividends | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Northwest Natural Gas - stock | $1,001 - $15,000 | Dividends | $201 - $1,000 | |
| SP | Southwest Natural Gas - stock | $1,001 - $15,000 | Dividends | $1 - $200 | |
| SP | T. Rowe Price funds | $15,001 - $50,000 | Interest | $201 - $1,000 | |
| SP | Ohio Public Employees Comp Program | $50,001 - $100,000 | INTEREST | $1,001 - $2,500 | |
| SP | Star Bank savings | $1,001 - $15,000 | Interest | $1 - $200 | |
| | Rollins Truck leasing stock | $100,001 - $250,000 | CAPITAL GAINS | $15,001 - $50,000 | S |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E Gillmor



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $6,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Adtran stock | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| | Nasdaq 100 mutual fund | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| | Price New Horizons Fund (mutual fund) | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | |
| | Price New Horizons Fund (mutual fund) | $15,001 - $50,000 | CAPITAL GAINS | $5,001 - $15,000 | S |
| | Krispy Kreme stock | None | CAPITAL GAINS | $5,001 - $15,000 | P/S |
| | Price International Fund | $1,001 - $15,000 | DIVIDENDS | NONE | |

## SCHEDULE IV - TRANSACTIONS

Name Paul E. Gillmor



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Rollins Truck leasing stock | S | 5-19-2000 | $15,001 - $50,000 |
| | Adtran stock | P | 12/27/2000 | $1,001 - $15,000 |
| | Nasdaq 100 mutual fund | P | 12/21/2000 | $1,001 - $15,000 |
| | Price International Fund (mutual fund) | P | 12/29/2000 | $1,001 - $15,000 |
| | Price New Horizons Fund (mutual fund) | S | 3/13/2000 | $15,001 - $50,000 |
| | Krispy Kreme stock | P | 4/5/2000 | $1,001 - $15,000 |
| | Krispy Kreme stock | S | 8/7/2000 | $15,001 - $50,000 |
| | Cooker Restaurant stock | S | 3/6/2000 | $1,001 - $15,000 |
| | Max & Erma's stock | S | 3/13/2000 | $1,001 - $15,000 |

## SCHEDULE VIII - POSITIONS

**Name** Paul E. Gillmor



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Director | Gillmor Financial Services |
| Director | Old Fort Banking Company |
| Director | EZ Color |
| Director | Bayshore Leasing |
| Director | DeNovo Corporation |
| Trustee | Paul M. and Lucy J. Gillmor Foundation |

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees



(8) HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 1:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

Benjamin A. Gilman
(Full Name)

2449 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202 225 3776
Daytime Telephone

| Filer Status | ☑ Member of the U.S. House of Representatives | State: NY District: 20 | ☐ Officer Or Employee | Employing Office: |
|---|---|---|---|---|
| Report Type | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Benjamin A. Gilman | 5/15/2001 |

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# SCHEDULE I - EARNED INCOME

Na Benjamin A. Gilman



**List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.**

| Source | Type | Amount |
|---|---|---|
| New York State Pension | Retirement | $13,731.55 |
| Coney Island Food Service Management | Spousal Self Employment | $5,177.14 |

# SCHEDULE III - ASSETS AND "U

Na Benjamin A. Gilman



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| First Federal Savings Bank, Middletown, New York | $15,001 - $50,000 | Interest | $1,001 - $2,500 | NA |
| Congressional Federal Credit Union | $50,001 - $100,000 | Interest | $2,501 - $5,000 | NA |
| 16 Orchard Street, Middletown, New York Commercial/Half Residential | $15,001 - $50,000 | Rent | $2,501 - $5,000 | NA |
| Northwestern Mutual Life, Milwaukee, WI | $1,001 - $15,000 | Annuity | $2,501 - $5,000 | NA |
| Nuveen Sector Technology | $15,001 - $50,000 | None | NONE | NA |
| Pilgrim Fund Large Cap | $15,001 - $50,000 | None | NONE | NA |

# SCHEDULE III - ASSETS AND "U

Na Benjamin A. Gilman



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| SP | Central Hudson Gas & Electric | $1,001 - $15,000 | None | $201 - $1,000 | NA |
| SP | MCI Telecommunications | $15,001 - $50,000 | None | NONE | NA |
| SP | Sale of Business to John Daskalis/DBA Middletown Coney Island Food Service Management, Middletown, NY | $250,001 - $500,000 | Installment Payment on Sale | $15,001 - $50,000 | NA |
| SP | Condo-Island Club, 10410 So. Ocean, Jensen Beach, Florida | $100,001 - $250,000 | Rent | $5,001 - $15,000 | NA |
| | Warwick Savings Bank - 18 Oakland Avenue, Warwick, NY 10990 | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | NA |

# SCHEDULE III - ASSETS AND "U

Na Benjamin A. Gilman



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Metlife - company went public and issues shares of stock to all policy holders | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

# SCHEDULE V - LIABILITIES

Na Benjamin A. Gilman



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| SP | Orange County Trust, Middletown, NY | Mortgage on 14 Railroad Avenue, Middletown, NY-Part of the sale of Business (See Schedule III) | $100,001 - $250,000 |

# SCHEDULE VII - TRAVEL PAYMENTS

Na Benjamin A. Gilman



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| American Israel Public Affairs Committee | Sept. 24-25, 2000 | Wash., DC -Chicago, Il. -Wash, DC | Y | Y | Y | None |

# SCHEDULE VIII - POSITIONS

Na Benjamin A. Gilman



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Member, Board of Directors | World Hunger Year |
| Member, Board of Directors | American Friends of the Shakespeare Birthplace Trust |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT-FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 3:07 (26)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Charles A. Gonzalez
(Full Name)

151 E. Lullwood Ave.
(Mailing Address)

San Antonio, TX 78212

Daytime Telephone
(202) 225-3236

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: TX District: 20 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Charles A. Gonzalez | 5-15-01 |

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Animal Defense League, Inc. | Spouse Salary | NA |
| | Clear Channel Broadcasting, Inc. | Spouse: Writer | NA |
| | Prime Time Newspapers | Spouse: Writer | N/A |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B: None | A $1,001 – $15,000 | B $15,001 – $50,000 | C $50,001 – $100,000 | D $100,001 – $250,000 | E $250,001 – $500,000 | F $500,001 – $1,000,000 | G $1,000,001 – $5,000,000 | H $5,000,001 – $25,000,000 | I $25,000,001 – $50,000,000 | J Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: None | I $1 – $200 | II $201 – $1,000 | III $1,001 – $2,500 | IV $2,501 – $5,000 | V $5,001 – $15,000 | VI $15,001 – $50,000 | VII $50,001 – $100,000 | VIII $100,001 – $1,000,000 | IX $1,000,001 – $5,000,000 | X Over $5,000,000 | XI | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* | SP | Mega Corp. Stock | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | | P |
| | | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | Congressional Federal Credit Union | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| DC | AIM Weingarten Fund | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| DC | Tweedy, Browne, Global Value Fund | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | | P |
| SP | Merrill Lynch CMA Money Fund | | | | X | | | | | | | | | X | | X | | | | | | | X | | | | | | | | | | |
| SP | Merrill Lynch CMA Money Fund | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| SP | Federal Home Ln Mtg Corp Bonds | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHARLES A. GONZALEZ



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | U.S. Treasury Notes | | | | X | | | | | | | | | | | X | X | | | | | | | | X | | | | | | P,S |
| SP | Fed Natl Mtg Assn Notes | | | X | | | | | | | | | | | | X | X | | | | | | | X | | | | | | | P,S |
| SP | Fed Home Loan Mtg Cor Bonds | | | X | | | | | | | | | | | | X | X | | | | | | X | | | | | | | | P,S |
| SP | Fed Natl Mtg Assn Bonds | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | P |
| SP | U.S. Treasury Bonds | | | | X | | | | | | | | | | | X | X | | | | | | | X | | | | | | | P,S |
| SP | CIT Grp Inc Global Bonds | | | X | | | | | | | | | | | | X | X | | | | | | X | | | | | | | | P,S |
| SP | Chase Manhattan Corp Bonds | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P |
| SP | Philip Morris Global Bonds | | | X | | | | | | | | | | | | X | X | | | | | X | | | | | | | | | P,S |
| SP | Raytheon Company Bonds | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P |
| SP | BankOne Corp Senior Bonds | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | P |
| SP | NM Gen Elec Cap Corp Bonds | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | P |
| SP | Household* Fin. Corp Bonds | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P |
| SP | Tyco Intl Group Bonds | | | X | | | | | | | | | | | | X | X | | | | | X | | | | | | | | | P,S |
| SP | Wal-Mart Stores Bonds | | | X | | | | | | | | | | | | X | X | | | | | | X | | | | | | | | P,S |
| SP | Natl Westminster Bank Bonds | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P |
| SP | Lehman Bro Holdings Bonds | | | X | | | | | | | | | | | | X | X | | | | | | X | | | | | | | | P,S |
| SP | Citigroup Inc Sub Bonds | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | P |
| SP | Unilever NV Bonds | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | P |
| SP | Time Warner Inc Bonds | | | X | | | | | | | | | | | | X | X | | | | | | X | | | | | | | | P,S |
| SP | Duke Capital Corp Bonds | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P |
| SP | US West Cap Funding Bonds | | | X | | | | | | | | | | | | X | X | | | | | X | | | | | | | | | P,S |
| SP | Ford Motor Co Bonds | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHARLES A. GONZALEZ



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Sprint Cap Corp Bonds | | | X | | | | | | | | | | | | X | X | | | | | | X | | | | | | | | | P,S |
| SP | Alcoa Inc Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | AES Corp Stock | | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P,S |
| SP | American Intl Grp Inc Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |
| SP | Bank One Corp | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | Cox Communications Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Chase Manhattan Corp Stock | | | X | | | | | | | | | | | | | | | | | X | * | | | | | | | | | | P,S |
| SP | Citigroup Inc Stock | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P,S |
| SP | Cisco Systems Inc Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P,S |
| SP | Colgate Palmolive Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | EMC Corp Mass Stock | | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P,S |
| SP | Exxon Mobil Corp Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Enron Corp Oregon Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P,S |
| SP | Federated Dpt Stors Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P,S |
| SP | Firstar Corp Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | Ford Motor Corp Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P,S |
| SP | Gap Inc.Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P,S |
| SP | General Electric Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P,S |
| SP | Honeywell Intl Inc Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P,S |
| SP | Home Depot Inc Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Intel Corp Stock | | | X | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | | S |
| SP | Johnson Controls Inc Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHARLES A. GONZALEZ



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Kroger Co Stock | | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | P,S |
| SP | Morgan St Dean Wtr Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | McGraw Hill Companies Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | Microsoft Corp Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P,S |
| SP | Nortel Networks Corp Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | Oracle Corp Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P,S |
| SP | Providian Fin Corp Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | PMC Sierra Inc Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Pharmacia Corp Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Pepsico Inc Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | Pfizer Inc Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | Philip Morris Cos Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | SBC Communications Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P,S |
| SP | Schering Plough Corp Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Selectron Corp Stock | | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | P,S |
| SP | Tenet Healthcare Corp Stock | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P,S |
| SP | Texaco Inc Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P,S |
| SP | Tyco Intl Ltd Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P,S |
| SP | Target Corp Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P,S |
| SP | TXU Corp Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | United Health Group Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P,S |
| SP | United Technologies Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P,S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHARLES A. GONZALEZ



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Veritas Software Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Vitesse Semiconductor Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Merrill Lynch CMA Money Fund | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Aegon N V Amer Reg Stock | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Astrazenca Plc ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Aventis Spon ADR Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P,S |
| SP | Alcatel S.A. ADR Stock | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | P,S |
| SP | Abn-Amro Holding ADR Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P,S |
| SP | Bank of America Corp Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Brit Telecom ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Cadberry Schweppes ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Citigroup Inc Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P,S |
| SP | Deutsche Bk ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Diageo PLC ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | DuPont EI Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | ENI SPA ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Endesa SA ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Exxon Mobil Corp Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Fannie Mae (USA) Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | General Electric Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P,S |
| SP | HSBC Hldg PLC ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Heineken NV ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHARLES A. GONZALEZ



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Intl Bus Machine Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | ing GP NV ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Johnson & Johnson Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | KAO Corp ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Marconi PLC ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Merck & Co Inc Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Novartis ADR Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | Nestle SA ADR Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P,S |
| SP | Procter Gamble Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Royal Dutch Pete Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Societe General ADR Stock | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P,S |
| SP | SBC Communications Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Siemens A G ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | SmithKline Bchm ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Sony Corp ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Total Fina Elf ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Unilever PLC ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Verizon Communications Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Vivendi Universal ADR Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Zurich Finl Svcs ADR Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | P,S |
| SP | Amer Home Products Stock | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | S |
| SP | Avon Prod Inc Stock | | X | | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | S, P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHARLES A. GONZALEZ



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Bank of America Corp Bonds | X | | | | | | | | | | | | | | X | X | | | | | X | | | | | | | | | S,P |
| SP | Beckman Coulter Inc Stock | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | S |
| SP | Broadcom Corp Stock | | X | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | S,P |
| SP | Elec Data Sys Corp Stock | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | S |
| SP | Fannie Mae Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | S |
| SP | Fed Home Loan Mtg Corp Bonds | X | | | | | | | | | | | | | | X | X | | | | | X | | | | | | | | | S,P |
| SP | General Motors Stock | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | S |
| SP | Genzyme Corp Stock | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | S |
| SP | Glaxo Wellcome ADR Stock | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | S |
| SP | Goldman Sachs Bonds | X | | | | | | | | | | | | | | X | X | | | | | X | | | | | | | | | S,P |
| SP | GTE Corp Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | S |
| SP | Intl Bus Machine Stock | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | S |
| SP | Mediacne Group Stock | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | S |
| SP | Network Appliance Stock | | X | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | S,P |
| SP | Partnerre Ltd Stock | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | S |
| SP | Roberthalf Intl Stock | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | S |
| SP | Unocal Corp Stock | X | | | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | S |
| SP | U S West Inc Stock | X | | | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | S |
| SP | Warner Lambert Stock | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | S |

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## SCHEDULE IV — TRANSACTIONS

Name CHARLES A. GONZALEZ



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Associates Corp. Bonds | | X | | 12-19-00 | X | | | | | | | | | |
| SP | Bank Of America Corp. Bonds | | X | | 07-27-00, 10-31-00 | X | | | | | | | | | |
| SP | General Electric Cap. Corp Bonds | | X | | 06-01-00, 09-21-00 | X | | | | | | | | | |
| SP | Ford Motor Credit Co. Bonds | | X | | 08-18-00 | X | | | | | | | | | |
| SP | CIT Group Inc Bonds | | X | | 09-12-00 | X | | | | | | | | | |
| SP | Dupont EI De Nemours Co Bonds | | X | | 06-21-00 | X | | | | | | | | | |
| SP | Lehman Brothers Holdings Bonds | | X | | 07-31-00 | X | | | | | | | | | |
| SP | Walmart Store Bonds | | X | | 06-08-00 | X | | | | | | | | | |
| SP | GMAC Financial Bonds | | X | | 11-07-00 | X | | | | | | | | | |
| SP | AT&T Corp. Bonds | | X | | 05-22-00 | X | | | | | | | | | |
| SP | Goldman Sachs Group Bonds | | X | | 08-09-00 | X | | | | | | | | | |
| SP | Federal Home Loan Mtg Corp Bonds | | X | | 02-10,06-07, 10-11-00 | | X | | | | | | | | |
| SP | Federal Natl Mtg Assoc. Bonds | | X | | 05-03,05-24, 06-16,06-29, | | X | | | | | | | | |
| | | | | | 07-11-00 | | | | | | | | | | |
| SP | Federal Home Ln. Mtg Corp Bonds | | X | | 12-14-00 | X | | | | | | | | | |
| SP | Federal Home Loan Mtg Corp Bonds | | X | | 10-31-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name CHARLES A. GONZALEZ



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| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Federal National Mtg Assoc Bonds | | X | | 7-11-00, 12-18-00 | X | | | | | | | | | |
| SP | U S Treasury Note | | X | | 03-13-00, 10-20-00 | X | | | | | | | | | |
| SP | U S Treasury Note | | X | | 06-16,07-11, 12-14-00 | X | | | | | | | | | |
| SP | U S.Treasury Note | | X | | 05-03,06-08 07-11-00 | X | | | | | | | | | |
| SP | U S Treasury Note | | X | | 03-09,03-14, 05-03,07-11-00 | X | | | | | | | | | |
| SP | U S Treasury Note | | X | | 03-09,03-13, 05-03-00 | | X | | | | | | | | |
| SP | U S Treasury Bond | | X | | 03-24,05-03, 07-11-00 | X | | | | | | | | | |
| SP | U S Treasury Bond | | X | | 03-10,05-03, 07-11-00 | X | | | | | | | | | |
| SP | AK Steel Holding Co Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Assoc First Cap Corp Common Stock | | X | | 02-10,02-11, 02-14-00 | X | | | | | | | | | |
| SP | Autonation Inc. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | AES Corp Common Stock | | X | | 05-03,08-18, 10-11,10-12, 11-17-00 | X | | | | | | | | | |
| SP | Ace Ltd. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Amer. Home Products Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Amsouth Bancorp Common Stock | | X | | 01-28-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

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| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Avon Prod Inc. Common Stock | | X | | 05-01,05-02, 06-15-00 | X | | | | | | | | | |
| SP | Borg Warner Automotive Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Burlington N. Sante Fe Common Stock | | X | | 05-03,06-14, 06-16,07-11, | X | | | | | | | | | |
| | | | | | 09-15-00 | | | | | | | | | | |
| SP | Broadcom Corp Calif. Common Stock | | X | | 02-23,02-24, 03-22,03-27, | X | | | | | | | | | |
| | | | | | 07-19,12-05, 12-07-00 | | | | | | | | | | |
| SP | Beckman Coulter, Inc. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Bank One Corp. Common Stock | | X | | 05-03,06-11, 06-20,07-11, | X | | | | | | | | | |
| | | | | | 11-07,11-08-00 | | | | | | | | | | |
| SP | Bank of America Corp. Common Stock | | X | | 08-28,08-29, 11-03,12-06-00 | X | | | | | | | | | |
| SP | Biochem Pharma Inc Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Bristol Meyers Squibb Co. Common Stock | | X | | 05-09, 07-11-00 | X | | | | | | | | | |
| SP | Burlington Resources Inc. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Chase Manhatten Corp. Common Stock | | X | | 04-07,04-24, 05-03,06-15-00 | X | | | | | | | | | |
| SP | CIT Group Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Citigroup Inc. Common Stock | | X | | 02-02,05-03, 07-11,09-05, 12-11-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name CHARLES A. GONZALEZ



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Cisco Systems Inc. Common Stock | | X | | 05-03, 07-11-00 | X | | | | | | | | | |
| SP | Computer Assoc. Intl. Inc. Common Stock | | X | | 05-03, 07-11-00 | X | | | | | | | | | |
| SP | Delphi Automotive Sys. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Dell Computer Corp. Common Stock | | X | | 07-11,12-05, 12-06-00 | X | | | | | | | | | |
| SP | EMC Corporation Common Stock | | X | | 03-27,05-03, 10-12,12-11-00 | X | | | | | | | | | |
| SP | Electr, Data Sys. Corp. Common Stock | | X | | 01-19, 01-28-00 | X | | | | | | | | | |
| SP | EOG Resources Inc. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Enron Corp Common Stock | | X | | 02-22,02-23, 03-10,03-14, 03-27-00 | X | | | | | | | | | |
| SP | Fedrtd. Dpt. Stors. Common Stock | | X | | 06-27,07-11, 09-07,09-08, 11-22, 11-24-00 | X | | | | | | | | | |
| SP | Fannie Mae Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Ford Motor Company Common Stock | | X | | 05-03, 06-28-00 | X | | | | | | | | | |
| SP | GTE Corp. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Gap Inc. Common Stock | | X | | 05-03,06-23, 06-26,07-11, 07-12,07-13, 08-03-00 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Glaxo Wellcome ADR Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | General Electric Common Stock | | X | | 05-03,07-11, 11-02,11-06-00 | X | | | | | | | | | |
| SP | General Motors Corp. Common Stock | | X | | 01-19, 01-28-00 | X | | | | | | | | | |
| SP | Genzyme Corp. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Honeywell Intl. Inc. Common Stock | | X | | 06-23, 07-11-00 | X | | | | | | | | | |
| SP | Heinz H J Co. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Intel Corp. Common Stock | | X | | 01-19,02-02, 05-03,07-11, 12-14-00 | | X | | | | | | | | |
| SP | Intl. Business Mach. Common Stock | | X | | 01-19, 01-28-00 | X | | | | | | | | | |
| SP | Mediaone Group Inc. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Merck & Co., Inc. Common Stock | | X | | 03-20,08-02, 11-07,11-08-00 | X | | | | | | | | | |
| SP | Microsoft Corporation Common Stock | | X | | 03-10,04-26, 05-03,07-11-00 | X | | | | | | | | | |
| SP | Navistar Intl. Corp. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Network Appliance Inc Common Stock | | X | | 02-17,03-31, 05-02,05-16, 09-27, 10-26-00 | X | | | | | | | | | |
| SP | NCR Corp. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |

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Name CHARLES A. GONZALEZ



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Nokia Corp. Common Stock | | X | | 03-06,04-07, 07-11,08-11, 10-19, 10-20-00 | X | | | | | | | | | |
| SP | Partnerre Ltd. Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Premiere Parks Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Providian Financial Corp. Common Stock | | X | | 07-11, 09-26-00 | X | | | | | | | | | |
| SP | Pepsico Inc. Common Stock | | X | | 05-02, 05-10-00 | X | | | | | | | | | |
| SP | Roberthalf Intl. Inc. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | SBC Communications Inc. Common Stock | | X | | 02-02, 05-03-00 | X | | | | | | | | | |
| SP | Saks Inc. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Sprint Corp. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Tenet Healthcare Corp. Common Stock | | X | | 02-02,05-02, 05-03,07-11, 07-24,07-26, 07-27-00 | X | | | | | | | | | |
| SP | Texaco Inc. Common Stock | | X | | 02-02, 05-03-00 | X | | | | | | | | | |
| SP | Texas Instruments Common Stock | | X | | 02-14,07-11, 12-18, 12-19-00 | X | | | | | | | | | |

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Name CHARLES A. GONZALEZ



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Tyco Intl. Ltd. Stock | | X | | 03-16,03-22, 04-26,05-03, | X | | | | | | | | | |
| | | | | | 07-11,07-19, 08-17,08-28, | | | | | | | | | | |
| | | | | | 08-29, 11-22-00 | | | | | | | | | | |
| SP | Target Corp. Common Stock | | X | | 05-03, 06-26-00 | X | | | | | | | | | |
| SP | U S West Inc. Common Stock | | X | | 01-06-00 | X | | | | | | | | | |
| SP | Unitedhealth Group, Inc. Common Stock | | X | | 06-01,07-26, 09-07,09-08, | X | | | | | | | | | |
| | | | | | 09-11-00 | | | | | | | | | | |
| SP | United Technologies Corp. Common Stock | | X | | 05-03;05-05 07-11,09-15 | X | | | | | | | | | |
| | | | | | 09-18, 09-22-00 | | | | | | | | | | |
| SP | Unocal Corp Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Washington Mutual Inc. Common Stock | | X | | 01-28,04-24, 04-25,04-26-00 | X | | | | | | | | | |
| SP | XL Capital Ltd Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Warnaco Group Inc. Common Stock | | X | | 01-28-00 | X | | | | | | | | | |
| SP | Warnr Lambrt Company Common Stock | | X | | 01-19, 01-28-00 | X | | | | | | | | | |
| SP | WorldCom Inc. Common Stock | | X | | 07-11,07-19, 07-20,11-07, | X | | | | | | | | | |
| | | | | | 11-08, 11-14-00 | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name CHARLES A. GONZALEZ



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Aventis Spon. ADR Stock | | X | | 08-29-00 | X | | | | | | | | | |
| SP | Alcatel Spon. ADR Stock | | X | | 07-19, 08-29-00 | X | | | | | | | | | |
| SP | Citigroup Inc. Common Stock | | X | | 08-29-00 | X | | | | | | | | | |
| SP | Daimler Chrysler AG Common Stock | | X | | 05-10-00 | X | | | | | | | | | |
| SP | General Electric Common Stock | | X | | 08-29-00 | X | | | | | | | | | |
| SP | Ntl Pwr Plc ADR Stock | | X | | 09-12-00 | X | | | | | | | | | |
| SP | Nestle S A Rep ADR Stock | | X | | 08-29-00 | X | | | | | | | | | |
| SP | Qwest Comm Intl Inc. Common Stock | | X | | 05-09-00 | X | | | | | | | | | |
| SP | ML Global Allocation Fund | | X | | 01-18-00 | | | X | | | | | | | |
| SP | U S Treasury Bonds | X | | | 02-04, 06-06, 06-08, 12-14-00 | | X | | | | | | | | |
| SP | U S Treasury Notes | X | | | 02-04-00 | | | X | | | | | | | |
| SP | AT&T Corp Bonds | X | | | 03-09-00 | X | | | | | | | | | |
| SP | Associates Corp Bonds | X | | | 09-21-00 | X | | | | | | | | | |
| SP | Bank of America Bonds | X | | | 05-24, 10-11-00 | X | | | | | | | | | |
| SP | Bank One Corp Bonds | X | | | 07-31-00 | X | | | | | | | | | |
| SP | Chase Manhattan Bonds | X | | | 03-14-00 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | CIT Group Inc Bonds | X | | | 03-09, 11-07-00 | X | | | | | | | | | |
| SP | Citigroup, Inc. Bonds | X | | | 12-19-00 | X | | | | | | | | | |
| SP | Duke Capital Corp Bonds | X | | | 03-24-00 | X | | | | | | | | | |
| SP | Dupont EI Bonds | X | | | 04-07-00 | X | | | | | | | | | |
| SP | Federal Home Ln Mtg Bonds | X | | | 02-04,05-04, 06-29 | | X | | | | | | | | |
| | | | | | 07-31,10-20, 12-14-00 | | | | | | | | | | |
| SP | Federal Home Loan Bank Bonds | X | | | 06-16-00 | X | | | | | | | | | |
| SP | Federal Natl Mtg Assn Bonds | X | | | 02-04,02-07, 02-10,05-04, | | | X | | | | | | | |
| | | | | | 06-12,06-19, 12-18-00 | | | | | | | | | | |
| SP | Ford Motor Company Bonds | X | | | 08-17-00 | X | | | | | | | | | |
| SP | Ford Motor Credit Co Bonds | X | | | 03-09-00 | X | | | | | | | | | |
| SP | General Elect Cap Corp Bonds | X | | | 03-07, 06-01-00 | X | | | | | | | | | |
| SP | GMAC Financial Bonds | X | | | 05-04-00 | X | | | | | | | | | |
| SP | Goldman Sachs Group Bonds | X | | | 05-04-00 | X | | | | | | | | | |
| SP | Household Finance Corp Bonds | X | | | 02-24-00 | X | | | | | | | | | |
| SP | Lehman Bros Holding Bonds | X | | | 05-22,06-06, 08-09-00 | X | | | | | | | | | |

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Name CHARLES A. GONZALEZ



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | National Westminster Bank Bonds | X | | | 02-18-00 | X | | | | | | | | | |
| SP | NM Genl Elec Cap Bonds | X | | | 10-31-00 | X | | | | | | | | | |
| SP | Philip Morris Co Bonds | X | | | 03-13, 07-11-00 | X | | | | | | | | | |
| SP | Raytheon Company Bonds | X | | | 06-21-00 | X | | | | | | | | | |
| SP | Sprint Cap Corp Bonds | X | | | 03-10-00 | X | | | | | | | | | |
| SP | Time Warner Inc Bonds | X | | | 05-04-00 | X | | | | | | | | | |
| SP | Tyco Intl Group Bonds | X | | | 03-14-00 | X | | | | | | | | | |
| SP | U S West Cap Funding Bonds | X | | | 05-04-00 | X | | | | | | | | | |
| SP | Wal-Mart Stores Bonds | X | | | 02-10, 06-08-00 | X | | | | | | | | | |
| SP | AES Corp Stock | X | | | 02-11,02-14, 02-15,02-17, | X | | | | | | | | | |
| | | | | | 02-28,03-28, 06-19,06-20-00 | | | | | | | | | | |
| SP | Alcoa Inc. Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Amer Intl Group Stock | X | | | 02-03,06-23, 06-26-00 | X | | | | | | | | | |
| SP | Assoc First Cap Corp Stock | X | | | 02-03,08-08, 08-10,08-11-00 | X | | | | | | | | | |
| SP | Avon Prod Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Bank of America Stock | X | | | 02-03-00 | X | | | | | | | | | |

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Name CHARLES A. GONZALEZ



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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Bank One Corp Stock | X | | | 02-03,03-31, 04-07,04-10-00 | X | | | | | | | | | |
| SP | Bristol Meyers Squibb | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Broadcom Corp Stock | X | | | 02-03,05-03, 11-08-00 | X | | | | | | | | | |
| SP | Burlington N. SanteFe Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Chase Manhattan Stock | X | | | 02-03, 09-22-00 | X | | | | | | | | | |
| SP | Cisco Systems Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Colgate Palmolive Stock | X | | | 02-03,12-19, 12-20-00 | X | | | | | | | | | |
| SP | Computer Assoc Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Cox Communications Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Dell Computer Stock | X | | | 02-03,05-09, 08-02-00 | X | | | | | | | | | |
| SP | EMC Corporation Stock | X | | | 02-03, 08-02-00 | X | | | | | | | | | |
| SP | Enron Corp Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Exxon Mobil Stock | X | | | 10-13,10-16, 10-23,10-24, 12-06-00 | X | | | | | | | | | |
| SP | Federated Dept Stores Stock | X | | | 02-03,05-03, 07-24,07-26, 07-27-00 | X | | | | | | | | | |

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Name CHARLES A. GONZALEZ | Page 21 of 26

## SCHEDULE IV — TRANSACTIONS

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Firstar Corp Stock | X | | | 02-14,02-15, 05-03,10-26, | X | | | | | | | | | |
| | | | | | 10-27, 10-30-00 | | | | | | | | | | |
| SP | Ford Motor Company Stock | X | | | 02-03, 03-28-00 | X | | | | | | | | | |
| SP | Gap Inc Stock | X | | | 02-03,04-07, 04-10-00 | X | | | | | | | | | |
| SP | General Electric Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | GTE Corp Stock | X | | | 01-07-00 | X | | | | | | | | | |
| SP | Home Depot Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Honeywell Intl Inc Stock | X | | | 02-03,05-03, 07-19-00 | X | | | | | | | | | |
| SP | Johnson Controls | X | | | 02-03,09-28, 09-29-00 | X | | | | | | | | | |
| SP | Kroger Co Stock | X | | | 02-03,06-23, 11-17-00 | X | | | | | | | | | |
| SP | McGraw Hill Stock | X | | | 05-03,12-13, 12-14,12-15, | X | | | | | | | | | |
| | | | | | 12-18-00 | | | | | | | | | | |
| SP | MCI Worldcom Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Merck & Co Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Microsoft Corp Stock | X | | | 02-03,10-16, 10-26-00 | X | | | | | | | | | |
| SP | Morgan Stanley Stock | X | | | 11-08, 11-09-00 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Navistar Intl Stock | X | | | 01-12-00 | X | | | | | | | | | |
| SP | Network Appliance Stock | X | | | 02-03, 07-11-00 | X | | | | | | | | | |
| SP | Network Associates Stock | X | | | 05-03-00 | X | | | | | | | | | |
| SP | Nokia Corp Stock | X | | | 02-03, 05-03-00 | X | | | | | | | | | |
| SP | Nortel Networks Stock | X | | | 02-03,05-09, 09-27,11-03-00 | X | | | | | | | | | |
| SP | Oracle Corp Stock | X | | | 05-03,06-23, 09-22-00 | X | | | | | | | | | |
| SP | Pepsico Stock | X | | | 02-03,12-18, 12-19-00 | X | | | | | | | | | |
| SP | Pfizer Inc Stock | X | | | 02-03,05-03, 07-28-00 | X | | | | | | | | | |
| SP | Pharmacia Corp Stock | X | | | 07-11,07-19, 09-27-00 | X | | | | | | | | | |
| SP | Phelps Dodge Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Philip Morris Co Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | PMC Sierra Stock | X | | | 11-22-00 | X | | | | | | | | | |
| SP | Providian Financial Stock | X | | | 02-03,05-03, 09-18,09-19-00 | X | | | | | | | | | |
| SP | SBC Communications Stock | X | | | 01-14,12-06, 12-07,12-09-00 | X | | | | | | | | | |
| SP | Schering Plough Stock | X | | | 05-03-00 | X | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Solectron Corp Stock | X | | | 02-03,05-03, 06-20,06-27, 11-17-00 | X | | | | | | | | | |
| SP | Sprint Corp Stock | X | | | 01-06-00 | X | | | | | | | | | |
| SP | Staples Inc Stock | X | | | 02-03,03-28, 05-03-00 | X | | | | | | | | | |
| SP | Sun Microsystems Stock | X | | | 08-18-00 | X | | | | | | | | | |
| SP | Target Corp Stock | X | | | 02-03, 08-29-00 | X | | | | | | | | | |
| SP | Texas Instruments Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Texas Utilities Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Tyco Intl Ltd Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | United Healthcare Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | United Technologies Stock | X | | | 02-03, 11-08-00 | X | | | | | | | | | |
| SP | Veritas Software Stock | X | | | 07-19,07-24, 07-26,11-22-00 | X | | | | | | | | | |
| SP | Vitesse Semiconductor Stock | X | | | 06-15-00 | X | | | | | | | | | |
| SP | Abn-Amro Holding ADR Stock | X | | | 02-03-00 | X | | | | | | | | | |
| SP | Aegon NV Amer Reg Stock | X | | | 10-12-00 | X | | | | | | | | | |
| SP | Alcatel SA ADR Stock | X | | | 01-26-00 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Astrazeneca PLC ADR Stock | X | | | 02-08-00 | X | | | | | | | | | |
| SP | Aventis Spon ADR Stock | X | | | 02-09-00 | X | | | | | | | | | |
| SP | Bank of America Corp Stock | X | | | 02-07-00 | X | | | | | | | | | |
| SP | Bell Atlantic Corp Stock | X | | | 03-13-00 | X | | | | | | | | | |
| SP | Brit Telecom ADR Stock | X | | | 02-11-00 | X | | | | | | | | | |
| SP | Cadbury Schweppes ADR Stock | X | | | 01-26-00 | X | | | | | | | | | |
| SP | Citigroup Inc Stock | X | | | 02-07-00 | X | | | | | | | | | |
| SP | Daimler Chrysler AG Stock | X | | | 01-31-00 | X | | | | | | | | | |
| SP | Deutsche BK ADR Stock | X | | | 02-09-00 | X | | | | | | | | | |
| SP | Diageo PLC ADR Stock | X | | | 02-08-00 | X | | | | | | | | | |
| SP | Dupont E I Stock | X | | | 01-26-00 | X | | | | | | | | | |
| SP | Endesa SA ADR Stock | X | | | 02-02-00 | X | | | | | | | | | |
| SP | ENI SPA ADR Stock | X | | | 01-26-00 | X | | | | | | | | | |
| SP | Exxon Mobil Corp Stock | X | | | 02-07-00 | X | | | | | | | | | |
| SP | Fannie Mae (US) Stock | X | | | 02-07-00 | X | | | | | | | | | |
| SP | General Electric Stock | X | | | 01-31-00 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example.* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Heineken NV ADR Stock | X | | | 01-26, 06-28-00 | X | | | | | | | | | |
| SP | HSBC Hldg PLC ADR Stock | X | | | 02-09-00 | X | | | | | | | | | |
| SP | Ing Gp NV ADR Stock | X | | | 02-01-00 | X | | | | | | | | | |
| SP | Intl Business Mach Stock | X | | | 01-31-00 | X | | | | | | | | | |
| SP | Johnson & Johnson Stock | X | | | 01-31-00 | X | | | | | | | | | |
| SP | KAO Corp ADR Stock | X | | | 01-31-00 | X | | | | | | | | | |
| SP | Marconi PLC ADR Stock | X | | | 02-08-00 | X | | | | | | | | | |
| SP | Merck & Co Inc Stock | X | | | 01-26-00 | X | | | | | | | | | |
| SP | Nestle SA ADR Stock | X | | | 02-07-00 | X | | | | | | | | | |
| SP | Novartis ADR Stock | X | | | 02-09-00 | X | | | | | | | | | |
| SP | Ntl Pwr PLC ADR Stock | X | | | 01-27-00 | X | | | | | | | | | |
| SP | Procter Gamble Stock | X | | | 02-07-00 | X | | | | | | | | | |
| SP | Royal Dutch Pete Stock | X | | | 01-26-00 | X | | | | | | | | | |
| SP | SBC Communications Stock | X | | | 01-26-00 | X | | | | | | | | | |
| SP | Siemens AG ADR Stock | X | | | 02-09-00 | X | | | | | | | | | |
| SP | Smithkline Bchm ADR Stock | X | | | 01-31-00 | X | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | Societe General ADR Stock | X | | | 01-31-00 | X | | | | | | | | | |
| SP | Sony Corp ADR Stock | X | | | 01-31-00 | X | | | | | | | | | |
| SP | Total Fina Elf ADR Stock | X | | | 02-09-00 | X | | | | | | | | | |
| SP | Unilever PLC ADR Stock | X | | | 01-26-00 | X | | | | | | | | | |
| SP | Zurich Finl Svcs ADR Stock | X | | | 02-02-00 | X | | | | | | | | | |
| DC | Tweedy,Browne Global Value Mutual Fund | X | | | 12-28-00 | X | | | | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

(6)

LEGISLATIVE RESOURCE CENTER

2001 MAY 10 AM 11:18

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

~~Virgil H. Goode, Jr.~~
(Full Name)

90 East Church Street
(Mailing Address)

Rocky Mount, VA 24151

Daytime Telephone
202-225-4711

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: VA District: 5th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Virgil H. Goode, Jr. | May 9, 2001 |

1592

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Virgil H. Goode, Jr.



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | Block A | Block B | | | | | | | | | | | Block C | | | | | | Block D | | | | | | | | | | | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| | *Examples:* Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| | *Examples:* 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | 2 acres with old office Rt. 2, Rocky Mount, VA | | | | | X | | | | | | | | | | | | | | | NONE | | | | | | | | | | | |
| | 1/8 interest in house & lot, Rt. 1, Henry, VA | | | X | | | | | | | | | | | | | | | | | NONE | | | | | | | | | | | |
| | 1/2 interest in 50 acres Rt. 3, Ferrum, VA 24088 | | | | X | | | | | | | | | | | | | | | | NONE | | | | | | | | | | | |
| | lot and office-235 S. Main St. (formerly 112 N. Main St), Rocky Mt., VA | | | | | X | | | | | | | | | | | | | | | NONE | | | | | | | | | | | |
| | 1/2 interest-3 lots Kohler Rt. 1, Fieldale, VA 24089 | | | X | | | | | | | | | | | | | | | | | NONE | | | | | | | | | | | |
| | 1/2 interest with sister 28 acres, Rt. 1, Henry, VA | | | X | | | | | | | | | | | | | | | | | NONE | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1/2 interest in 200 acres in house and land Rt. 2 Rocky Mount, VA (with sister) | | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | 1/2 interest with sister in 2 acres at Henry | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| | 1/2 interest with sister in 7.78 acres in BRD in Franklin County, VA | | | X | | | | | | | | | | | | | | | | NONE | X | | | | | | | | | | | |
| | Combined checking saving Chester (now SunTrust) Bank; Rocky Mt., VA | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | Philip Morris Stock | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| JT | Loudoun Co. Mun. Bond | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Halifax Co. IDA Bond | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SunTrust Stock | | | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | | |
| | ~~Cardinal Stock~~ | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Capital One Stock | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | SOLD PART |
| | Peoples Bank Stock | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Patrick Henry Bank Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Central Natl. Bank Stock | X | | | | | | | | | | | | | | | | | | NONE | X | | | | | | | | | | | |
| | Shenandoah Natl. Bank Stock | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | ~~Mountain National Bank Stock~~ | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Patriot Bank Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Vanguard Municipal Bond Fu. | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | SunTrust combined checking ~~and saving~~ | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Comdial Stock | | | X | | | | | | | | | | | | | | | | NONE | | | | | | | | | | | | SOLD |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | First Union Stock | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | Vanguard Municipal Bond Fund | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | J. P. Morgan-Chase Common Stock | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Beneficial Preferred (now Household) | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Henry Co. Plywood Stock | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | ~~ATT Stock~~ | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | Purchased Part |
| | Lucent Technologies Stock | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Homestake Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | SBC Communications Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Newport News Mun. Bond | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Mod-U-Kraf Homes Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | SOLD |
| | BB and T | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Franklin Co. Mun. Bond | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Wheat First-IRA | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Crestar (now Suntrust) (IRA) | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Congressional Fed. Credit Union | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Trigon Stock | | | X | | | | | | | | | | | | | | | | NONE | X | | | | | | | | | | | |
| | Chesapeake Bay Bond | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | First VA Bank STOCK | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| JT | House & Lot - 115 Orchard Ave Rocky Mount, VA 24151 | | | | | X | | | | | | | | | | | | | | NONE | | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Federal Thrift Savings Plan | | | | X | | | | | | | | | X | | | | | | | | | | | | X | | | | | | Interest Earned Match |
| | American Electric Power | | | | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | |
| | Occidental Petroleum | | | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| | ~~DCH Technology~~ | | | X | | | | | | | | | | | | | | | | NONE | | | | | | | | | | | | |
| | Dimon | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | Purchased |

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## SCHEDULE IV — TRANSACTIONS

Name Virgil H. Goode, Jr. | Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: A $1,000-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10-12-00 | | X | | | | | | | | |
| JT | Personal Residence 90 E. Church St Rocky Mount, VA 24151 | | | | 3-17-2000 | | | | X | | | | | | |
| | Capital One Common Stock | | X | | 1-24-2000 | | | X | | | | | | | |
| | Comdial [redacted] Common Stock | | X | | 1-21-2000 | X | | | | | | | | | |
| | Mod-U-Kraft [redacted] Common Stock | | X | | 7-6-2000 | X | | | | | | | | | |
| | Dimen [redacted] Common Stock | | | | 9-25-2000 | X | | | | | | | | | |
| | [redacted] ATT Common STOCK | | | | 11-1-2000 | X | | | | | | | | | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

7

MC

Robert W. Goodlatte
(Full Name)

3725 Dogwood Lane S.W.
(Mailing Address)

(202) 225-5431
Daytime Telephone

Roanoke, VA 24015

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: VA District: 6 | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Rob Goodlatte | May 15, 2001 |

| Name | Goodlatte, Robert W. | Page 2 of 7 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Glenn, Feldman, Darby and Goodlatte, P.C., Roanoke, VA | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

Name Goodlatte, Robert W. Page 3 of 7

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* SP Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | |
| JT | Wachovia Bank Roanoke, VA (savings) | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Bank of America Roanoke, VA (savings) | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| JT | First Citizens Bank Roanoke, VA (sav/ck) | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | First Citizens Bank Roanoke, VA (savings) | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | SunTrust Bank Roanoke, VA (IRA) | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | SunTrust Bank Roanoke, VA (IRA) | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Goodlatte, Robert W.



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Greenwood Trust Co. DE | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | Charter Fed, Roank IRA | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| | Mass Mutl Life (Life In | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Duff-Phelps Util 401K | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| SP | Guardian Park Ave 401K | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Walmart Store NT 401K | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | Bond Fd of Amer 401K | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| SP | New Persp Fund 401K | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | New York Venture Fd 401K | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Bankers Tr Mkt Lnk 401K | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| SP | Bankers Tr Eufe Lk 401K | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| SP | Seligman Comm. 401K | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| SP | GAM Intl Funds 401K | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | Sogen Intl Funds 401K | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Fd Natl Mrt CMO Bd 401K | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Janus Fund IRA | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| SP | Old Kent Fin. IRA | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | GNMA Govt Sec IRA | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Merrill Lynch Fd Grth IRA | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| SP | Wash Mutl Inv Fd IRA | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Merr Lynch Ret Res IRA | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Nicholas Fund IRA | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W.

Page 5 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L $50,000,001 - $100,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | BUSINESS INCOME | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Amer Fds Tax Exmt Bds | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | | | |
| SP | Glenn Feldman Drby Gdlctt | | | | | x | | | | | | | | x | | | | | | | x | | | | | | | | | | | | |
| JT | Ind Natl Mtg Corp CT | | | x | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| JT | State St Res Egty TR | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | | | |
| JT | Centnl MM TR AG Ed | | | x | | | | | | | | | | | | x | | | | | | | x | | | | | | | | | | |
| | Centnl MM TR AG Ed | | | x | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| | Templeton Forgn Fd IRA | | | x | | | | | | | | | | x | | | | | | | | | x | | | | | | | | | | |
| | Investmt Co of Amer IRA | | | | | | | | | | | | | x | | | | | | | | | x | | | | | | | | | | |
| | UTS Govt Secs Inc IRA | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| SP | Legg Mason Cash Act 401k | | | x | | | | | | | | | | | | x | | | | | | | x | | | | | | | | | | |
| JT | MFS Va Muni Bd Fund | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| JT | T Rowe Price Int Stk Fd | | | | | | | | | | | | | x | | | | | | | | | x | | | | | | | | | | |
| DC | Wachovia Bank | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| SP | Merrl Lynch Glo Bd IRA | | | x | | | | | | | | | | x | | | | | | | | | | | | | | | | | | | S |
| SP | Merrl Lynch Gl Res Tr IRA | | | x | | | | | | | | | | x | | | | | | | | | | | | | | | | | | | S |
| JT | Valley Bnk Roanoke (ck) | | | | | | | | | | | | | | | x | | | | | x | | | | | | | | | | | | |
| DC | Valley BankRoanoke CD | | | x | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| | Valley Bank Roanoke CD | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Goodlatte, Robert W.



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: A $1,000–$15,000 | B $15,001–$50,000 | C $50,001–$100,000 | D $100,001–$250,000 | E $250,001–$500,000 | F $500,001–$1,000,000 | G $1,000,001–$5,000,000 | H $5,000,001–$25,000,000 | I $25,000,001–$50,000,000 | J Over $50,000,000 | K |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10–12–00 | | X | | | | | | | | | |
| SP | Merrill Lynch Global Bd IRA | | x | | 6-12-00 | | | | | | | | | | | |
| SP | Merrill Lynch Global Res TR IRA | | x | | 6-12-00 | | | | | | | | | | | |
| SP | Merrill Lynch Fd Growth IRA | | | | 6-12-00 | | | | | | | | | | | |
| SP | Bond Fund of America 401k | | | | 6-15-00 | | | | | | | | | | | |
| SP | Duff & Phelps Util 401k | | | | 6-15-00 | | | | | | | | | | | |
| SP | New Perspectives Fund 401k | | | | 6-15-00 | | | | | | | | | | | |
| SP | Seligman Communications Fund 401k | | | | 6-15-00 | | | | | | | | | | | |
| SP | Seligman Communications Fund 401k | | | | 12-15-00 | | | | | | | | | | | |

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Name Goodlatte, Robert W. | Page 7 of 7

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | RSA Data Security | Jan 7-10 | DC to San Jose, CA to DC | Y | N | N | N |
| | Technet, ITI/Techissues.net | Apl 16-20 | DC to San Jose, CA to Chicago, IL to DC | Y | Y | N | N |
| | Cellular Telecom & Internet Assoc (CTIA) | May 12-14 | Hot Springs, VA | Y | Y | Y | N |
| | National Chamber Foundtn | May 19-20 | Leesburg, VA | Y | Y | N | N |
| | Assoc of Electric Coop | Jul 23-24 | Hot Springs, VA | Y | Y | Y | N |
| | Center for the Study of Popular Culture | Jul 28-30 | Absecon, NJ | Y | Y | Y | N |
| | Natl Parks Consrvtn Assoc | Aug 9-16 | Roanoke, VA to Ancorage Alaska to Roanoke, VA | Y | Y | Y | N |
| | Internatl Management Dev. Institute (IMDI) | Aug 23-29 | Roanoke, VA to Helsinki to Stockholm to Roanoke | Y | Y | N | N |
| | Virginia Assoc of Realtors | Sept22-24 | Hot Springs, VA | Y | Y | Y | N |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

RECEIVED
01 JUN 15 PM 5:44

Barton Jennings Gordon
(Full Name)

940 E. Northfield Blvd.
(Mailing Address)

Murfreesboro, Tenn 37130

202-225-4231
Daytime Telephone

MC

**HAND DELIVERED**
(Office Use Only)

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Tenn. District 6th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Barton J. Gordon | 6/15/01 |

1605

Name Barton Gordon | Page 2 of 6

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Korn/Ferry Int'l | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

Name Bart Gordon | Page 3 of 0

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Block C. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | | Block B: None | A: $1 - $1,000 | B: $1,001 – $15,000 | C: $15,001 – $50,000 | D: $50,001 – $100,000 | E: $100,001 – $250,000 | F: $250,001 – $500,000 | G: $500,001 – $1,000,000 | H: $1,000,001 – $5,000,000 | I: $5,000,001 – $25,000,000 | J: $25,000,001 – $50,000,000 | K: $50,000,000 – Over $50,000,000 | L | Block C: DIVIDENDS | RENTS | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other: Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: None | I: $1 – $200 | II: $201 – $1,000 | III: $1,001 – $2,500 | IV: $2,501 – $5,000 | V: $5,001 – $15,000 | VI: $15,001 – $50,000 | VII: $50,001 – $100,000 | VIII: $100,001 – $1,000,000 | IX: $1,000,001 – $5,000,000 | X: $5,000,001 – Over $5,000,000 | Block E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: | SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | Royalties | | | | | | | | | | | P |
| | | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | X | | |
| | Wright Patman Credit Union | | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Linder IRA | | | | | | X | | | | | | | | | | | | | | | | NA | | | | | | | | | | |
| SP | Horn/Ferry Int'l | | | | | | | | | | | X | | | | | | | | | | | | X | | | | | | | | | |
| SP | Fidelity 401 K (index fund) | | | | | | | | X | | | | | | | | | | | | | | NA | | | | | | | | | | |
| SP | Horn/Ferry employee wealth enhancement plan | | | | | | X | | | | | | | | | | | | | | | | NA | | | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Bart Gordon

Page 4 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Northwestern Life Ins. | | | X | | | | | | | | | | | | | | | | | NA | | | | | | | | | | | P |
| SP | Chase checking account | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | Salomon Smith Barney A/c A | | | | | | | X | | | | | | X | | X | X | | | | | | | | X | | | | | | | P |
| SP | Salomon Smith Barney A/c B | | | | | X | | | | | | | | X | | X | X | | | | | | X | | | | | | | | | P |
| SP | Salomon Smith Barney A/c C | | | | | | X | | | | | | | X | | X | X | | | | | | X | | | | | | | | | P |
| SP | Salomon Smith Barney A/c D | | | | | X | | | | | | | | X | | X | X | | | | | | X | | | | | | | | | P |
| SP | Salomon Smith Barney A/c E | | | | | X | | | | | | | | X | | X | X | | | | | | X | | | | | | | | | P |
| SP | Salomon Smith Barney A/c F | | | | | | X | | | | | | | X | | X | X | | | | | | X | | | | | | | | | P |
| SP | DLJ A/c G (rolled into Smith Barney) | X | | | | | | | | | | | | X | | X | X | | | | | | X | | | | | | | | | P E |
| ~~SP~~ | ~~Agent Fees & expenses~~ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Bart Gordon Page 5 of 6

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| SP | Salomon Smith Barney A/c - A | X | X | | | | | | | X | | | | | |
| SP | " " " A/c - B | X | X | | | | | X | | | | | | | |
| SP | " " " A/c - C | X | X | | | | | | X | | | | | | |
| SP | " " " A/c - D | X | X | | | | X | | | | | | | | |
| SP | " " " A/c - E | X | X | | | | X | X | | | | | | | |
| SP | " " " A/c - F | X | X | | | | | | X | | | | | | |
| SP | DLJ A/c - G | X | | X | | | | X | | | | | | | |
| SP | Korn/Ferry Options | | X | | 2/10/00 | | | | | X | | | | | |
| SP | " " " | | X | | 5/5/00 | | X | | | | | | | | |
| SP | " " " | | X | | 9/19/00 | | | | X | | | | | | |

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Name Bart Gordon | Page 6 of 6

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Tenn. Bankers Ass't | June 9–13 | Wash D.C. – Bermuda – Wash. | Y | Y | Y | N |

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# Financial Management Account
# 2000 Year End Summary

[redacted]

***LESLIE P GORDON***

[redacted]

## Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 3

*The following details show how we derived your total dividends reported on form 1099-DIV. Amount displayed for ordinary dividends include dividend reinvestments, money fund earnings, and accrued dividends received.*

| Reference number | Description | Ordinary dividends* | Short term capital gain* (Box 1) | Total capital gains distributions (Box 2a) | 28% rate gain (Box 2b) | Unrecaptured Sec. 1250 gain (Box 2c) | Section 1202 gain (Box 2d) | Nontaxable distributions (Box 3) |
|---|---|---|---|---|---|---|---|---|
| 150000100 | AT&T CORP | $ 66.00 | | | | | | |
| 150000200 | BANK OF AMERICA CORP | 58.00 | | | | | | |
| 150000300 | CITIGROUP INC | 53.29 | | | | | | |
| 150000400 | ENRON CORP | 37.50 | | | | | | |
| 150000500 | FIRST UNION CORP | 96.00 | | | | | | |
| 150000600 | GOLDMAN SACHS GROUP INC | 36.00 | | | | | | |
| 150000700 | HOME DEPOT INC | 18.00 | | | | | | |
| 150000800 | INTEL CORP | 9.90 | | | | | | |
| 150000900 | INTL BUSINESS MACHINES CORP | 39.00 | | | | | | |
| 150001000 | KEYCORP -NEW | 56.00 | | | | | | |
| 150001100 | J P MORGAN & CO INC | 200.00 | | | | | | |
| 150001200 | PFIZER INC | 40.50 | | | | | | |
| 150001300 | PROCTER & GAMBLE CO | 51.00 | | | | | | |
| 150001400 | PUTNAM OTC & EMERGING GROWTH TRUST CL B | | 922.76 | 2,145.75 | | | | |
| 150001500 | SB MONEY FUNDS CASH PORT CL A | 3,847.72 | | | | | | |
| 150001600 | *** TYCO INTERNATIONAL LTD -NEW- | 7.50 | | | | | | |
| **Totals** | | **$ 4,814.41** | **$ 922.76** | **$ 2,145.75** | | | | |

**The total of these two categories equals the amount reported in Form 1099-DIV, Box 1.*

[redacted]

[redacted]

2000 YEAR END SUMMARY

SALOMON SMITH BARNEY
A member of citigroup



# Financial Management Account
# 2000 Year End Summary

[redacted]

A/c A

**LESLIE P GORDON**
**Account Number** [redacted]

## Details of Investment Activity 2000

*This section shows your purchases, sales, dividend reinvestments and certain other activity of securities during the year. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.*

| Reference number | Transaction Description | Transaction | Trade Date | Quantity | Price | Amount |
|---|---|---|---|---|---|---|
| 120000100 | AES CORP | Stk split | 06/02/00 | 100 | | |
| 120000200 | AT&T CORP LIBERTY MEDIA GROUP CL A | Stk split | 06/12/00 | 200 | | |
| 120000400 | BANK OF AMERICA CORP | Bought | 10/19/00 | 100 | 44.50 | -4,554.45 |
| 120000500 | CAPITAL ONE FINL CORP | Sold | 04/04/00 | -200 | 47.00 | 9,208.81 a |
| 120000600 | CISCO SYS INC | Stk split | 03/23/00 | 200 | | |
| 120000700 | CISCO SYS INC | Sold | 04/04/00 | -100 | 72.937 | 7,189.05 a |
| 120000800 | CITIGROUP INC | Stk split | 08/28/00 | 33 | | |
| 120000900 | CITIGROUP INC | Cash in lieu | 08/31/00 | | | 18.43 |
| 120001000 | EMC CORP-MASS | Stk split | 06/05/00 | 200 | | |
| 120001100 | EVENTURES GROUP INC | Bought | 04/17/00 | 100 | 19.00 | -1,962.03 |
| 120001200 | EVENTURES GROUP INC | Sold | 10/11/00 | -200 | 8.125 | 1,543.70 a |
| 120001300 | FIRST UNION CORP | Bought | 10/19/00 | 200 | 28.812 | -5,904.09 |
| 120001400 | FLEETBOSTON FINANCIAL CORP | Bought | 10/19/00 | 150 | 35.437 | -5,436.92 |
| 120001500 | INTEL CORP | Stk split | 07/31/00 | 90 | | |
| 120001600 | INTERLIANT INC | Sold | 04/04/00 | -100 | 22.812 | 2,204.94 a |
| 120001700 | JP MORGAN CHASE & CO | Merger | 12/31/00 | 370 | | |
| 120001800 | KEYCORP -NEW | Bought | 10/19/00 | 200 | 22.625 | -4,648.67 |
| 120001900 | MCI WORLDCOM INC | Bought | 04/11/00 | 200 | 42.437 | -8,888.25 |
| 120002000 | PUTNAM OTC & EMERGING GROWTH TRUST CL B | Bought | 04/04/00 | 312.793 | 31.97 | -10,000.00 |
| 120002100 | PUTNAM OTC & EMERGING GROWTH TRUST CL B | Bought | 07/31/00 | 355.872 | 28.10 | -10,000.00 |
| 120002200 | PUTNAM OTC & EMERGING GROWTH TRUST CL B | Reinvest | 12/12/00 | 64.892 | 14.22 | -922.76 |
| 120002300 | PUTNAM OTC & EMERGING GROWTH TRUST CL B | Reinvest | 12/12/00 | 150.896 | 14.22 | -2,145.75 |
| 120002400 | PUTNAM OTC & EMERGING GROWTH TRUST CL B | Reinvest | 12/18/00 | -150.896 | | 2,145.75 |
| 120002500 | PUTNAM OTC & EMERGING GROWTH TRUST CL B | Reinvest | 12/18/00 | -64.892 | | 922.76 |

2000 - YEAR END SUMMARY

SALOMON SMITH BARNEY
A member of citigroup



# Financial Management Account
# 2000 Year End Summary

[redacted]

*LESLIE P GORDON*

[redacted]

2000 YEAR END SUMMARY

## Details of Investment Activity 2000 - *continued*

| Reference number | Transaction Description | Transaction | Trade Date | Quantity | Price | Amount |
|---|---|---|---|---|---|---|
| 120002600 | SIEBEL SYSTEMS INC | Stk split | 09/11/00 | 100 | | |
| 120002700 | WAVECOM SA SPONS ADR | Sold | 04/04/00 | -50 | 80.00 | 3,901.80 * |
| **Total securities bought and other subtractions** | | | | | | $ -54,260.92 |
| **Total securities sold and other additions** | | | | | | $ 27,135.24 |

** This amount reported to the IRS on Form 1099-B.*

## Details of Option Activity 2000

| Reference number | Transaction Description | Transaction | Trade Date | Quantity | Price | Amount |
|---|---|---|---|---|---|---|
| 120000300 | CALL WAN JAN 02 @ 55.00<br>AMERICA ONLINE INC DEL<br>100 SHS | Bought | 04/17/00 | 2 | $ 18.25 | $ -3,759.65 |
| **Total options purchased** | | | | | | $ -3,759.65 |

## Details of Deposits and Withdrawals 2000

***This section reflects any deposits or withdrawals made to your account during the year.***

### Deposits

| Reference number | Date | Description | Amount |
|---|---|---|---|
| 210000100 | 03/27/00 | CREDIT CASH BALANCE<br>ACCT-TRANSFRD-03 27 00<br>PERSHING DIV OF DONALDSON, | $ 93,197.75 |
| 210000300 | 04/05/00 | CREDIT CASH BALANCE<br>ACCT-TRANSFRD-04 05 00<br>U S CLEARING CORP /DIV.FLE | 1,929.15 |
| 210000500 | 04/18/00 | CREDIT CASH BALANCE<br>ACCT-TRANSFRD 04 18 00<br>PERSHING DIV OF DONALDSON, | 100.00 |
| 210000700 | 05/12/00 | MONEY TRANSFER 05/12/00MH<br>FROM BANK OF NEW YORK | 16,259.49 |
| 210000200 | 03/30/00 | CREDIT CASH BALANCE<br>ACCT-TRANSFRD-03 30 00<br>PERSHING DIV OF DONALDSON, | $ 6.00 |
| 210000400 | 04/10/00 | CREDIT CASH BALANCE<br>ACCT-TRANSFRD-04 10 00<br>U.S CLEARING CORP /DIV.FLE | 3.84 |
| 210000600 | [redacted] | [redacted]<br>ACCT-TRANSFRD-04 26 00<br>PERSHING DIV OF DONALDSON, | 53.00 |
| 210000800 | 07/14/00 | MONEY TRANSFER 07/14/00MH<br>FROM LESLIE P GORDON | 300,000.00 |

2000 - - - - - YEAR END - SUMMARY

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# Financial Management Account
# 2000 Year End Summary

*LESLIE P GORDON*

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## Details of Deposits and Withdrawals 2000 - *continued*

### Deposits - *continued*

| Reference number | Date | Description | Amount |
|---|---|---|---|
| 210000900 | 08/22/00 | MONEY TRANSFER 08/22/00MH FROM LESLIE P GORDON | $ 250,000.00 |
| 210001100 | 10/18/00 | DEPOSIT RECEIVED AT 00578 - RED BANK, N.J. | 15,000.00 |
| **Total** | | | **$ 743,637.46** |

| Reference number | Date | Description | Amount |
|---|---|---|---|
| 210001000 | 09/28/00 | MONEY TRANSFER 09/28/00MH FROM BANK OF NEW YORK | $ 67,088.22 |

### Withdrawals

| Reference number | Date | Description | Referral number | Amount |
|---|---|---|---|---|
| 220000100 | 08/24/00 | SB MONEY FUNDS CASH PORT CL A FROM 579-04311-01 TO 579-04868-01 | | $ 50,000.00 |
| 220000300 | 04/04/00 | MONEY TRANSFER FEE | | 25.00 |
| 220000500 | 05/12/00 | FMA ANNUAL FEE AS OF 03/00 | | 50.00 |
| 220000700 | 05/15/00 | MONEY TRANSFER FEE | | 25.00 |
| 220000900 | 07/17/00 | FROM 579-04311-01 TO 579-04864-01 | | 50,000.00 |
| 220001100 | 07/17/00 | FROM 579-04311-01 TO 579-04867-01 | | 100,000.00 |
| 220001300 | 08/23/00 | FROM 579-04311-01 TO 579-04864-01 | | 50,000.00 |
| 220001500 | 12/21/00 | MONEY TRANSFER 12/21/00BRK THRU CHASE MANHATTAN BANK | | 10,000.00 |
| 229999900 | 12/31/00 | FMA CARD PURCHASES | | 8,078.67 |
| **Total** | | | | **$ 688,203.67** |

| Reference number | Date | Description | Referral number | Amount |
|---|---|---|---|---|
| 220000200 | 04/04/00 | MONEY TRANSFER 04/04/00BRK THRU CHASE MANHATTAN BANK | | $ 40,000.00 |
| 220000400 | 05/08/00 | MONEY TRANSFER 05/08/00BRK THRU CHASE MANHATTAN BANK | | 18,000.00 |
| 220000600 | 05/15/00 | MONEY TRANSFER 05/15/00BRK THRU CHASE MANHATTAN BANK | | 10,000.00 |
| 220000800 | 07/17/00 | FROM 579-04311-01 TO 579-04863-01 | | 50,000.00 |
| 220001000 | 07/17/00 | FROM 579-04311-01 TO 579-04866-01 | | 100,000.00 |
| 220001200 | 08/23/00 | FROM 579-04311-01 TO 579-04863-01 | | 50,000.00 |
| 220001400 | 08/23/00 | FROM 579-04311-01 TO 579-04868-01 | | 50,000.00 |
| 220001600 | 12/21/00 | MONEY TRANSFER FEE | | 25.00 |

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# SALOMON SMITH BARNEY

A member of citigroup

## Client Statement

July 31, 2000

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LESLIE GORDON [redacted]1

**Stocks**

| Common Stocks | Exchange | No. of shares | Price | Yield | Anticipated income (annualized) | U.S. Dollar Market value | Comment |
|---|---|---|---|---|---|---|---|
| AMERICA ONLINE INC DEL | NYSE | 20 | $ 53.313 | | | $ 1,066.26 | Symbol: AOL\Rated: B |
| BANK ONE CORP COM | NYSE | 46 | 31.813 | 2.64 | 37.80 | 1,431.59 | Symbol: ONE\Rated: A |
| WALT DISNEY CO | NYSE | 50 | 38.688 | .542 | 10.50 | 1,934.40 | Symbol: DIS\Rated: B + |
| ENRON CORP | NYSE | 20 | 73.828 | .679 | 10.00 | 1,472.50 | Symbol: ENE\Rated: A- |
| EXXON MOBIL CORP | NYSE | 25 | 80.00 | 2.20 | 44.00 | 2,000.00 | Symbol: XOM\Rated: A- |
| FEDERAL NATIONAL MORTGAGE ASSN | NYSE | 35 | 49.875 | 2.245 | 39.20 | 1,745.63 | Symbol: FNM\Rated: A |
| HOME DEPOT INC | NYSE | 35 | 51.75 | .309 | 6.80 | 1,811.25 | Symbol: HDI\Rated: A + |
| JOHNSON & JOHNSON | NYSE | 10 | 93.063 | 1.376 | 12.80 | 930.63 | Symbol: JNJ\Rated: A + |
| LUCENT TECHNOLOGIES INC | NYSE | 25 | 43.75 | .182 | 2.00 | 1,093.75 | Symbol: LU |
| MICROSOFT CORP | OTC | 20 | 69.613 | | | 1,392.26 | Symbol: MSFT\Rated: A- |
| TEXAS INSTRUMENTS INC | NYSE | 40 | 58.688 | .144 | 3.40 | 2,347.52 | Symbol: TXN\Rated: B |
| TYCO INTERNATIONAL LTD -NEW- | NYSE | 20 | 53.50 | .093 | 1.00 | 1,070.00 | Symbol: TYC\Rated: B + |
| WELLS FARGO & CO NEW | NYSE | 55 | 41.313 | 2.13 | 48.40 | 2,272.22 | Symbol: WFC\Rated: A |
| [redacted] | | | | | | | |

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**Anticipated annual income**

*This value is a grand total of all the anticipated annual income amounts that are shown on the statement.*

**Total anticipated income (annualized)** $ 214.70

[redacted]

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 07/24/00 | Bought | AMERICA ONLINE INC DEL<br>TRADE AS OF 07/19/00 | 20 | $ 59.44 | $ -1,188.80 |
| 07/24/00 | Bought | EXXON MOBIL CORP<br>TRADE AS OF 07/19/00 | 25 | 78.38 | -1,959.50 |
| 07/24/00 | Bought | JOHNSON & JOHNSON<br>TRADE AS OF 07/19/00 | 10 | 93.88 | -938.80 |
| 07/24/00 | Bought | MICROSOFT CORP<br>SALOMON SMITH BARNEY<br>TRADE AS OF 07/19/00 | 20 | 73.19 | -1,463.80 |
| 07/24/00 | Bought | TYCO INTERNATIONAL LTD<br>-NEW-<br>TRADE AS OF 07/19/00 | 20 | 51.25 | -1,025.00 |
| 07/25/00 | Bought | ENRON CORP | 20 | 72.187 | -1,443.75 |
| 07/25/00 | Bought | FEDERAL NATIONAL MORTGAGE ASSN | 35 | 51.449 | -1,800.72 |

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**SALOMON SMITH BARNEY**

A member of citigroup

## Client Statement

July 31, 2000



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*LESLIE GORDON* [redacted]

**Investment activity** continued

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 07/25/00 | Bought | LUCENT TECHNOLOGIES INC | 28 | $ 52.254 | $ -1,306.37 |
| 07/26/00 | Bought | TEXAS INSTRUMENTS INC | 40 | 62.813 | -2,512.54 |
| 07/27/00 | Bought | HOME DEPOT INC | 35 | 55.951 | -1,958.31 |
| 07/27/00 | Bought | WELLS FARGO & CO NEW | 55 | 42.118 | -2,316.54 |
| 07/28/00 | Bought | BANK ONE CORP COM | 45 | 32.789 | -1,475.52 |
| 07/28/00 | Bought | WALT DISNEY CO | 50 | 37.501 | -1,875.08 |
| **Total securities bought and other subtractions** | | | | | **$ -21,284.73** |
| **Total securities sold and other additions** | | | | | **$ 0.00** |

**Deposits**

| Date | Description | Amount | Date | Description | Amount |
|---|---|---|---|---|---|
| 07/17/00 | FROM 579-04311-01 TO 579-04853-01 | 50,000.00 | | | |

**Withdrawals**

| Date | Description | Reference no. | Amount | Date | Description | Reference no. | Amount |
|---|---|---|---|---|---|---|---|
| 07/21/00 | INVESTMENT & ADVISORY SERVICES FROM 07/19/00 TO 08/30/00 | | 227.45 | | | | |

**Money funds activity**

| | Opening money funds balance | | $ 0.00 | *All transactions are traded at $1.00 per share.* | | | |
|---|---|---|---|---|---|---|---|
| Date | Activity | Description | Amount | Date | Activity | Description | Amount |
| 07/18/00 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 50,000.00 | 07/26/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -2,512.54 |
| 07/21/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -227.45 | 07/27/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -4,274.85 |
| 07/24/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -5,575.90 | 07/28/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -3,350.80 |
| 07/25/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -4,560.64 | | | Closing balance | $ 28,607.82 |

*We have available at no cost brochures describing our investment advisory services and those of any other investment advisors managing your account. If you would like copies, please ask your Salomon Smith Barney Financial Consultant or Salomon Smith Barney Portfolio Manager.*

*Please contact your Salomon Smith Barney Financial Consultant or Salomon Smith Barney Portfolio Manager if there have been any changes in your financial situation or investment objective, or if you wish to impose any restrictions, or modify existing restrictions, on the management of your account.*

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LESLIE GORDON [redacted]

**Common stocks & options** continued

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 30 | PEPSICO INC<br>SYMBOL: PEP/RATING: A | 08/16/00 | $ 1,317.25 | $ 43.908 | $ 42.625 | $ 1,278.75 | ($ 38.50) | ST | 1.313%<br>$ 16.80 |
| 40 | TEXAS INSTRUMENTS INC<br>SYMBOL: TXN/RATING: B | 07/21/00 | 2,612.54 | 62.813 | 66.938 | 2,677.52 | 164.98 | ST | .128<br>3.40 |
| 20 | TYCO INTERNATIONAL LTD<br>-NEW-<br>SYMBOL: TYC/RATING: B + | 07/19/00 | 1,025.00 | 51.25 | 57.00 | 1,140.00 | 115.00 | ST | .087<br>1.00 |
| 55 | WELLS FARGO & CO NEW<br>SYMBOL: WFC/RATING: A | 07/24/00 | 2,316.54 | 42.118 | 43.188 | 2,375.34 | 58.80 | ST | 2.037<br>48.40 |
| [redacted] | | | | | | | | | |

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 08/01/00 | Bought | AMGEN INC<br>SALOMON SMITH BARNEY | 35 | $ 69.792 | $ -2,442.73 |
| 08/02/00 | Bought | GENERAL ELECTRIC CO | 15 | 50.836 | -762.55 |
| 08/03/00 | Bought | MERCK & CO INC<br>FULL PRICE IS 71.14093000 | 25 | 71.14 | -1,778.51 |
| 08/04/00 | Bought | GILLETTE CO | 80 | 29.799 | -2,383.92 |
| 08/04/00 | Bought | HOUSEHOLD INTERNATIONAL INC | 55 | 44.591 | -2,452.53 |
| 08/04/00 | Bought | INTEL CORP<br>SALOMON SMITH BARNEY | 40 | 65.442 | -2,617.69 |
| 08/07/00 | Bought | AMER INTERNATIONAL GROUP INC | 25 | 85.915 | -2,146.38 |
| 08/07/00 | Bought | MCDONALDS CORP | 40 | 33.334 | -1,333.39 |
| 08/11/00 | Bought | AMERICA ONLINE INC DEL | 10 | 53.687 | -536.88 |
| 08/21/00 | Bought | PEPSICO INC | 30 | 43.908 | -1,317.25 |
| **Total securities bought and other subtractions** | | | | | **$ -17,770.83** |
| **Total securities sold and other additions** | | | | | $ 0.00 |

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# SALOMON SMITH BARNEY

A member of citigroup

## Client Statement

September 1 - September 30, 2000

[redacted]

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*LESLIE GORDON*

[redacted]

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 09/08/00 | Bought | AMERICA ONLINE INC DEL | 20 | $ 56.953 | $ -1,139.06 |
| 09/08/00 | Bought | AMGEN INC<br>SALOMON SMITH BARNEY | 30 | 73.812 | -2,214.38 |
| 09/08/00 | Bought | BANK ONE CORP COM | 40 | 34.25 | -1,370.00 |
| 09/08/00 | Bought | FEDERAL NATIONAL MORTGAGE ASSN | 40 | 53.116 | -2,124.64 |
| 09/08/00 | Bought | GILLETTE CO | 80 | 31.875 | -2,550.00 |
| 09/08/00 | Bought | HOME DEPOT INC<br>FULL PRICE IS 50.57552000 | 50 | 50.575 | -2,528.78 |
| 09/08/00 | Bought | HOUSEHOLD INTERNATIONAL INC | 50 | 47.588 | -2,379.44 |
| 09/08/00 | Bought | MCDONALDS CORP | 60 | 29.67 | -1,780.24 |
| 09/08/00 | Bought | MERCK & CO INC | 30 | 68.06 | -2,041.50 |
| 09/08/00 | Bought | MICROSOFT CORP<br>SALOMON SMITH BARNEY | 20 | 70.21 | -1,404.22 |
| 09/14/00 | Bought | COCA-COLA CO<br>FULL PRICE IS 53.62212000 | 90 | 53.622 | -4,828.99 |
| 09/15/00 | Bought | BANK ONE CORP COM | 60 | 38.041 | -1,902.10 |
| 09/22/00 | Bought | MICROSOFT CORP<br>SALOMON SMITH BARNEY | 10 | 85.13 | -851.31 |
| 09/27/00 | Bought | INTEL CORP<br>SALOMON SMITH BARNEY | 80 | 48.611 | -3,888.88 |
| **Total securities bought and other subtractions** | | | | | **$ -30,800.54** |
| **Total securities sold and other additions** | | | | | **$ 0.00** |

**Money funds activity**

| | | | |
|---|---|---|---|
| | | **Opening money funds balance** | **$ 80,759.22** |
| **Date** | **Activity** | **Description** | **Amount** |
| 09/05/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 13.40 |
| 09/08/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -19,532.28 |
| 09/12/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 11.00 |
| 09/13/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 3.20 |
| 09/14/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -4,824.59 |

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount |
|---|---|---|---|
| 09/15/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -1,901.17 |
| 09/21/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 2.60 |
| 09/22/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -851.31 |
| 09/27/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -3,888.88 |
| | | MONEY FUNDS EARNINGS REINVESTED<br>(SEE DETAILS UNDER EARNINGS DETAILS) | 194.41 |
| | | **Closing balance** | **$ 30,165.52** |

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**SALOMON SMITH BARNEY**
A member of citigroup

## Client Statement
October 1 - October 31, 2000

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[redacted]

***LESLIE P GORDON***

[redacted]

**Common stocks & options** continued

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|
| 55 | WELLS FARGO & CO NEW<br>SYMBOL: WFC/RATING: A | 07/24/00 | $ 2,316.54 | $ 42.118 | $ 48.313 | $ 2,647.22 | $ 230.68 ST | 2.072%<br>$ 52.80 |

[redacted]

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 10/06/00 | Spinoff | AVAYA INC<br>SPINOFF ON 25 SHS | 2 | | $ 0.00 |
| 10/06/00 | Sold | AVAYA INC | -2 | 16.47 | 32.94 |
| 10/10/00 | Bought | AMGEN INC<br>SALOMON SMITH BARNEY | 16 | 64.943 | -972.86 |
| 10/12/00 | Bought | PEPSICO INC | 40 | 46.40 | -1,856.03 |
| 10/12/00 | Bought | TYCO INTERNATIONAL LTD<br>-NEW- | 20 | 51.724 | -1,034.49 |
| 10/16/00 | Cash in lieu | AVAYA INC<br>CASH IN LIEU OF .06333<br>RECORD 09/20/00 PAY 09/29/00 | | | 1.29 |
| 10/27/00 | Bought | GENERAL ELECTRIC CO | 60 | 52.786 | -3,166.01 |
| **Total securities bought and other subtractions** | | | | | $ -7,029.18 |
| **Total securities sold and other additions** | | | | | $ 34.23 |

**Withdrawals**

| Date | Description | Reference no. | Amount | Date | Description | Reference no. | Amount |
|---|---|---|---|---|---|---|---|
| 10/20/00 | INVESTMENT & ADVISORY SERVICES<br>FROM 10/01/00 TO 12/31/00 | | 572.08 | | | | |

**Money funds activity**

| | Opening money funds balance | | $ 30,186.52 | *All transactions are traded at $1.00 per share.* | | | |
|---|---|---|---|---|---|---|---|
| Date | Activity | Description | Amount | Date | Activity | Description | Amount |
| 10/02/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 4.20 | 10/17/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 21.24 |
| 10/03/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 62.15 | 10/20/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -572.08 |
| 10/10/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -639.71 | 10/28/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 2.06 |

[redacted]

## Client Statement

November 1 - November 30, 2000

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*LESLIE P GORDON* [redacted]

**Common stocks & options** continued

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 20 | TYCO INTERNATIONAL LTD | 07/19/00 | $ 1,025.00 | $ 51.25 | $ 52.75 | $ 1,055.00 | $ 30.00 | ST | |
| 20 | -NEW- | 10/09/00 | 1,034.49 | 51.724 | 52.75 | 1,055.00 | 20.51 | ST | |
| 40 | SYMBOL: TYC/RATING: B + | | 2,059.49 | 51.487 | | 2,110.00 | 50.51 | | .094 |
| | | | | | | | | | 2.00 |
| 55 | WELLS FARGO & CO NEW<br>SYMBOL: WFC/RATING: A | 07/24/00 | 2,316.54 | 42.118 | 47.438 | 2,609.09 | 292.55 | ST | 2.023 |
| | | | | | | | | | 52.00 |

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**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 11/01/00 | Bought | TEXAS INSTRUMENTS INC | 70 | $ 44.654 | $ -3,125.61 |
| 11/03/00 | Bought | AMERICA ONLINE INC DEL | 10 | 49.848 | -498.47 |
| 11/08/00 | Bought | CISCO SYS INC<br>SALOMON SMITH BARNEY | 60 | 68.362 | -2,817.63 |
| 11/15/00 | Bought | WALT DISNEY CO | 75 | 31.667 | -2,375.08 |
| 11/17/00 | Bought | HOME DEPOT INC | 15 | 39.968 | -599.38 |
| 11/22/00 | Bought | INTEL CORP<br>SALOMON SMITH BARNEY | 30 | 40.995 | -1,229.85 |
| **Total securities bought and other subtractions** | | | | | **$ -10,646.22** |
| **Total securities sold and other additions** | | | | | **$ 0.00** |

**Money funds activity**

**Opening money funds balance** **$ 22,669.18**

| Date | Activity | Description | Amount |
|---|---|---|---|
| 11/01/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -3,125.58 |
| 11/03/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -498.47 |
| 11/08/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -2,817.63 |
| 11/15/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -2,375.08 |

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount |
|---|---|---|---|
| 11/17/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -599.38 |
| 11/22/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -1,229.00 |
| 11/28/00 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 21.00 |
| | | MONEY FUNDS EARNINGS REINVESTED<br>(SEE DETAILS UNDER EARNINGS DETAILS) | 108.68 |
| | | **Closing balance** | **$ 12,371.92** |

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# SALOMON SMITH BARNEY

A member of citigroup

## Client Statement

December 1 - December 31, 2000

[redacted]

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**LESLIE P GORDON** [redacted]

**Common stocks & options** continued

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 25 | TEXAS INSTRUMENTS INC | 11/30/00 | $ 938.37 | $ 37.534 | $ 47.375 | $ 1,184.39 | $ 246.01 | ST | |
| 138 | SYMBOL: TXN/RATING: B | | 6,576.72 | 46.715 | | 6,396.63 | (181.09) | | .179 |
| | | | | | | | | | 11.48 |
| 20 | TYCO INTERNATIONAL LTD | 07/19/00 | 1,025.00 | 51.25 | 55.50 | 1,110.00 | 85.00 | ST | |
| 20 | -NEW- | 10/09/00 | 1,034.49 | 51.724 | 55.50 | 1,110.00 | 75.51 | ST | |
| 40 | SYMBOL: TYC/RATING: B + | | 2,059.48 | 51.487 | | 2,220.00 | 160.51 | | .09 |
| | | | | | | | | | 2.00 |
| 65 | WELLS FARGO & CO NEW | 07/24/00 | 2,318.54 | 42.118 | 55.888 | 3,062.84 | 746.30 | ST | |
| 55 | SYMBOL: WFC/RATING: A | 11/29/00 | 2,508.15 | 45.602 | 55.888 | 3,062.84 | 554.69 | ST | |
| 110 | | | 4,824.69 | 43.861 | | 6,125.68 | 1,300.99 | | 1.728 |
| | | | | | | | | | 105.60 |

[redacted]

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 12/01/00 | Bought | WELLS FARGO & CO NEW | 55 | $ 45.602 | $ -2,508.15 |
| 12/06/00 | Bought | TEXAS INSTRUMENTS INC | 25 | 37.534 | -938.37 |
| 12/14/00 | Bought | INTEL CORP<br>SALOMON SMITH BARNEY | 30 | 36.551 | -1,096.54 |
| **Total securities bought and other subtractions** | | | | | $ -4,543.06 |
| **Total securities sold and other additions** | | | | | $ 0.00 |

**Money funds activity**

**Opening money funds balance** $ 12,371.92

| Date | Activity | Description | Amount |
|---|---|---|---|
| 12/01/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -2,470.55 |
| 12/06/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -912.37 |
| 12/12/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 11.00 |
| 12/13/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 3.20 |

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount |
|---|---|---|---|
| 12/14/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -1,092.54 |
| 12/18/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 16.23 |
| 12/21/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 2.60 |
| 12/26/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 26.25 |
| | | MONEY FUNDS EARNINGS REINVESTED<br>(SEE DETAILS UNDER EARNINGS DETAILS) | 88.38 |
| | | **Closing balance** | $ 8,044.00 |

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SALOMON SMITH BARNEY

A member of citigroup



# Client Statement
# 2000 Year End Summary

[redacted]

LESLIE P GORDON

[redacted]

## Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 8

*The following details show how we derived your total dividends reported on form 1099-DIV. Amount displayed for ordinary dividends include dividend reinvestments, money fund earnings, and accrued dividends received.*

| Reference number | Description | Ordinary dividends* | Short term capital gain* (Box 1) | Total capital gains distributions (Box 2a) | 28% rate gain (Box 2b) | Unrecaptured Sec 1250 gain (Box 2c) | Section 1202 gain (Box 2d) | Nontaxable distributions (Box 3) |
|---|---|---|---|---|---|---|---|---|
| 150000100 | ROSLYN BANCORP INC | $ 81.90 | | | | | | |
| 150000200 | SB MONEY FUNDS CASH RSVE CL A | 171.76 | | | | | | |
| 50000300 | *** TYCO INTERNATIONAL LTD -NEW | 1.88 | | | | | | |
| Totals | | $ 255.54 | | | | | | |

*The total of these two categories equals the amount reported in Form 1099-DIV, Box 1.*

## Details of Investment Activity 2000

*This section shows your purchases, sales, dividend reinvestments and certain other activity of securities during the year. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.*

| Reference number | Transaction Description | Transaction | Trade Date | Quantity | Price | Amount |
|---|---|---|---|---|---|---|
| 10000100 | CORE LABORATORIES N V-USD | Bought | 09/20/00 | 190 | $ 22.882 | $ -4,343.82 |
| 10000200 | AT&T CORP LIBERTY MEDIA GROUP CL A | Bought | 08/23/00 | 105 | 22.47 | -2,359.42 |
| 10000300 | AT&T CORP LIBERTY MEDIA GROUP CL A | Bought | 08/24/00 | 120 | 22.575 | -2,709.00 |
| 10000400 | AT&T CORP LIBERTY MEDIA GROUP CL A | Bought | 09/26/00 | 30 | 18.75 | -562.50 |
| 10000500 | ALKERMES INC | Bought | 07/19/00 | 35 | 45.312 | -1,585.94 |
| 10000600 | ALKERMES INC | Bought | 08/24/00 | 40 | 40.371 | -1,614.86 |
| 10000700 | CABLEVISION SYSTEMS CORP CL A | Bought | 07/19/00 | 35 | 68.05 | -2,381.75 |
| 10000800 | CABLEVISION SYSTEMS CORP CL A | Bought | 08/24/00 | 40 | 68.334 | -2,733.39 |
| 10000900 | CHIRON CORP DELAWARE | Bought | 07/19/00 | 65 | 53.602 | -3,484.19 |
| 10000[illegible] | CHIRON CORP DELAWARE | Bought | 08/24/00 | 80 | 48.808 | -3,904.66 |

2000 - YEAR END - SUMMARY

SALOMON SMITH BARNEY
A member of citigroup



# Client Statement
# 2000 Year End Summary

[redacted]

*LESLIE P GORDON*

[redacted]

## Details of Investment Activity 2000 - *continued*

| Reference number | Transaction Description | Transaction | Trade Date | Quantity | Price | Amount |
|---|---|---|---|---|---|---|
| 120001100 | CHIRON CORP DELAWARE | Bought | 09/14/00 | 10 | $ 46.788 | $ -467.88 |
| 120001200 | CIRRUS LOGIC INC | Bought | 07/19/00 | 80 | 18.221 | -1,457.80 |
| 120001300 | CIRRUS LOGIC INC | Bought | 08/24/00 | 30 | 27.741 | -832.25 |
| 120001400 | COMCAST CORP CL A SPL | Bought | 07/19/00 | 65 | 37.625 | -2,445.63 |
| 120001500 | COMCAST CORP CL A SPL | Bought | 08/24/00 | 70 | 37.983 | -2,658.87 |
| 120001600 | FOREST LABORATORIES INC | Bought | 07/19/00 | 25 | 107.25 | -2,681.25 |
| 120001700 | FOREST LABORATORIES INC | Bought | 08/24/00 | 25 | 99.816 | -2,495.40 |
| 120001800 | GENZYME CORP GENERAL DIVISION | Bought | 07/19/00 | 55 | 64.312 | -3,537.19 |
| 120001900 | GENZYME CORP GENERAL DIVISION | Bought | 08/24/00 | 45 | 71.837 | -3,232.67 |
| 120002000 | GENZYME CORP GENERAL DIVISION | Bought | 09/21/00 | 10 | 63.242 | -632.42 |
| 120002100 | GENZYME CORP SURGICAL PRODS DIVISION | Bought | 07/19/00 | 130 | 11.437 | -1,486.88 |
| 120002200 | GENZYME CORP SURGICAL PRODS DIVISION | Bought | 08/24/00 | 75 | 9.875 | -740.63 |
| 120002300 | GENZYME CORP SURGICAL PRODS DIVISION | Merger | 12/18/00 | -205 | | |
| 120002400 | GENZYME CORP BIOSURGERY DIV | Cash In lieu | 12/18/00 | | | 2.39 |
| 120002500 | GENZYME CORP BIOSURGERY DIV | Merger | 12/18/00 | 124 | | |
| 120002600 | GRANT PRIDECO INC | Bought | 07/19/00 | 35 | 22.625 | -791.88 |
| 120002700 | GRANT PRIDECO INC | Bought | 08/24/00 | 30 | 23.981 | -719.44 |
| 120002800 | IDEC PHARMACEUTICALS CORP | Bought | 07/19/00 | 20 | 129.50 | -2,590.00 |
| 120002900 | IDEC PHARMACEUTICALS CORP | Bought | 08/24/00 | 20 | 129.831 | -2,596.63 |
| 120003000 | ISIS PHARMACEUTICALS | Bought | 07/19/00 | 115 | 12.881 | -1,481.33 |
| 120003100 | ISIS PHARMACEUTICALS | Bought | 08/24/00 | 130 | 12.324 | -1,602.17 |
| 120003200 | L 3 COMMUNICATIONS HLDGS INC | Bought | 07/19/00 | 35 | 56.833 | -1,989.17 |
| 120003300 | L 3 COMMUNICATIONS HLDGS INC | Bought | 08/24/00 | 30 | 61.041 | -1,831.24 |
| 120003400 | NANOGEN INC, SAN DIEGO CA-USD | Bought | 07/19/00 | 30 | 35.00 | -1,050.00 |
| 120003500 | NANOGEN INC, SAN DIEGO CA-USD | Bought | 08/24/00 | 65 | 21.673 | -1,408.76 |
| [redacted] | QUANTUM CORP DLT & STORAGE | Bought | 07/19/00 | 250 | 10.187 | -2,546.88 |

2000 YEAR END SUMMARY

SALOMON SMITH BARNEY
A member of citigroup

# Client Statement
# 2000 Year End Summary

[redacted]

*LESLIE P GORDON*

[redacted]

## Details of Investment Activity 2000 - *continued*

| Reference number | Transaction Description | Transaction | Trade Date | Quantity | Price | Amount |
|---|---|---|---|---|---|---|
| 120003700 | QUANTUM CORP DLT & STORAGE | Bought | 08/24/00 | 130 | $ 13.174 | $ 1,712.69 |
| 120003800 | QUANTUM CORP HARD DISK DRIVE | Bought | 07/19/00 | 90 | 11.157 | -1,004.14 |
| 120003900 | QUANTUM CORP HARD DISK DRIVE | Bought | 08/24/00 | 135 | 8.95 | -1,208.26 |
| 120004000 | ROSLYN BANCORP INC | Bought | 07/19/00 | 135 | 18.625 | -2,514.38 |
| 120004100 | ROSLYN BANCORP INC | Bought | 08/24/00 | 125 | 19.575 | -2,446.88 |
| 120004200 | SICOR INC | Bought | 07/19/00 | 165 | 9.125 | -1,505.63 |
| 120004300 | SICOR INC | Bought | 08/24/00 | 30 | 10.685 | -320.55 |
| 120004400 | STANDARD MICROSYSTEMS CORP | Bought | 07/19/00 | 55 | 18.125 | 996.88 |
| 120004500 | STANDARD MICROSYSTEMS CORP | Bought | 08/24/00 | 60 | 17.874 | -1,072.45 |
| 120004600 | TYCO INTERNATIONAL LTD NEW- | Bought | 07/19/00 | 65 | 52.125 | -3,388.13 |
| 120004700 | TYCO INTERNATIONAL LTD NEW- | Bought | 08/24/00 | 85 | 54.672 | -4,647.19 |
| 120004800 | TYCO INTERNATIONAL LTD NEW- | Bought | 10/03/00 | 10 | 51.25 | -512.50 |
| 120004900 | UNITEDHEALTH GROUP INC | Bought | 07/19/00 | 40 | 84.638 | -3,393.52 |
| 120005000 | UNITEDHEALTH GROUP INC | Bought | 08/24/00 | 40 | 92.234 | -3,689.38 |
| 120005100 | UNITEDHEALTH GROUP INC | Stk split | 12/28/00 | 80 | | |
| 120005200 | WEATHERFORD INTL INC | Bought | 07/19/00 | 40 | 43.375 | -1,735.00 |
| 120005300 | WEATHERFORD INTL INC | Bought | 08/24/00 | 35 | 48.067 | -1,682.35 |
| **Total securities bought and other subtractions** | | | | | | **$ -88,792.83** |
| **Total securities sold and other additions** | | | | | | **$ 2.39** |

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# SALOMON SMITH BARNEY

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## Client Statement

July 31, 2000

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**LESLIE GORDON** [redacted]

**Stocks continued**

| Common stocks | Exchange | No. of shares | Price | Yield | Anticipated Income (annualized) | U.S. Dollar Market value | Comment |
|---|---|---|---|---|---|---|---|
| UNITED PAN EUROPE COMMUNICATIONS N V SP ADR CL A | OTC | 64 | $ 25.625 | | | $ 1,640.00 | Symbol: UPCOY |
| VODAFONE AIRTOUCH PLC SPONSORED ADR | NYSE | 91 | 43.425 | .476 | 18.66 | 3,924.38 | Symbol: VOD |

AC-D

**Anticipated annual income**

*This value is a grand total of all the anticipated annual income amounts that are shown on the statement.*

| | |
|---|---|
| **Total anticipated income (annualized)** | **$ 1,142.03** |

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 07/21/00 | Bought | DAIMLERCHRYSLER AG-EUR | 18 | $ 54.25 | $ -976.50 |
| 07/21/00 | Bought | ALCATEL SA ADR | 33 | 73.582 | -2,427.66 |
| 07/21/00 | Bought | ALLIED ZURICH PLC-GBP SPONSORED ADR SALOMON SMITH BARNEY | 86 | 26.60 | -2,279.00 |
| 07/21/00 | Bought | ASTRAZENECA PLC SPON ADR GBP | 55 | 44.00 | -2,420.00 |
| 07/21/00 | Bought | AXA UAP SPONS ADR | 46 | 74.187 | -3,412.63 |
| 07/21/00 | Bought | BP AMOCO PLC SPONS ADR | 33 | 52.75 | -1,740.75 |
| 07/21/00 | Bought | BANCO SANTANDER CENT HISPANO S ADR | 236 | 10.437 | -2,463.25 |
| 07/21/00 | Bought | BANK OF TOKYO MITSUBISHI ADR-USD | 322 | 10.75 | -3,461.50 |
| 07/21/00 | Bought | BARCLAYS PLC-ADR | 21 | 92.625 | -1,945.13 |
| 07/21/00 | Bought | BAYER A G SPONSORED ADR SALOMON SMITH BARNEY | 30 | 40.375 | -1,211.25 |
| 07/21/00 | Bought | BIOVAIL CORP | 40 | 61.687 | -2,467.50 |
| 07/21/00 | Bought | BRITISH TELECOM PLC ADR FULLY PAID SHS | 12 | 141.437 | -1,697.25 |
| 07/21/00 | Bought | CABLE &WIRELESS PLC SPONSORED ADR | 48 | 57.062 | -2,739.00 |
| 07/21/00 | Bought | CANON INC ADR SALOMON SMITH BARNEY | 62 | 47.625 | -2,952.75 |
| 07/21/00 | Bought | DIAGEO PLC SPONSORED ADR NEW | 69 | 35.812 | -2,471.06 |

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# SALOMON SMITH BARNEY

A member of citigroup

## Client Statement

July 31, 2000

[redacted]

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*LESLIE GORDON* [redacted]

**Investment activity continued**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 07/21/00 | Bought | ELAN CORP PLC ADR | 48 | $ 50.937 | $ -2,445.00 |
| 07/21/00 | Bought | ENDESA SA, MADRID SPONSORED ADR | 47 | 20.187 | -948.81 |
| 07/21/00 | Bought | ERICSSON L M TEL CO CL B ADR -USD- SALOMON SMITH BARNEY | 174 | 22.687 | -3,947.63 |
| 07/21/00 | Bought | FUJI BANK LTD ADR -USD- | 28 | 64.00 | -1,792.00 |
| 07/21/00 | Bought | GLOBAL TELESYSTEMS INC | 161 | 12.126 | -1,952.13 |
| 07/21/00 | Bought | HSBC HOLDINGS PLC SPONS ADR -NEW- | 54 | 63.562 | -3,432.38 |
| 07/21/00 | Bought | HONDA MOTOR CO LTD ADR-NEW -USD- | 26 | 74.125 | -1,927.25 |
| 07/21/00 | Bought | HUTCHISON WHAMPOA LTD ADR -USD- SALOMON SMITH BARNEY | 29 | 76.00 | -2,204.00 |
| 07/21/00 | Bought | ING GROEP NV SPONS ADR | 41 | 66.812 | -2,688.31 |
| 07/21/00 | Bought | INTERNET INITIATIVE JAPAN -JPY- | 24 | 59.00 | -1,416.00 |
| 07/21/00 | Bought | JEFFERSON SMURFIT PLC SPONS ADR-USD | 67 | 18.625 | -1,247.89 |
| 07/21/00 | Bought | KONINKLIJKE AHOLD NV SPONSORED ADR NEW | 35 | 27.875 | -975.63 |
| 07/21/00 | Bought | KONINKLIJKE PHILIPS ELECTRONIC-EUR SPONS ADR NEW N V | 58 | 50.625 | -2,936.25 |
| 07/21/00 | Bought | MATSUSHITA ELEC INDL ADR | 9 | 256.00 | -2,285.00 |
| 07/21/00 | Bought | NIPPON TELEPHONE & TELEGRAPH CORP ADR RPSTG 1/200 OF ORD SH -USD- | 44 | 66.125 | -2,909.50 |
| 07/21/00 | Bought | NOKIA CORP SPONSORED ADR EACH REPSTG "A" SH | 67 | 56.675 | -3,184.86 |
| 07/21/00 | Bought | ROYAL DUTCH PETROLEUM CO NY REGISTRY SH PAR N GLDR 1.25 DEN-EUR | 24 | 59.625 | -1,431.00 |
| 07/21/00 | Bought | ROYAL PTT NEDERLAND NV SPONS ADR | 52 | 43.50 | -2,262.00 |
| 07/21/00 | Bought | SAP AKLENGESELLSCHAFT SPONS ADR-USD | 37 | 52.375 | -1,937.88 |
| 07/21/00 | Bought | SCHLUMBERGER LTD | 19 | 75.125 | -1,427.38 |
| 07/21/00 | Bought | SMITHKLINE BEECHAM PLC ADR REPSTG ORD A | 34 | 63.562 | -2,161.19 |

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# SALOMON SMITH BARNEY

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## Client Statement

July 31, 2000

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[redacted]

LESLIE GORDON [redacted]

**Investment activity continued**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 07/21/00 | Bought | SONY CORP-ADR-AMERICAN SHS NEW | 34 | $ 100.50 | $ -3,417.00 |
| 07/21/00 | Bought | TELE DANMARK A/S SPON ADR REPSTG CL B SHS -USD- | 42 | 34.50 | -1,449.00 |
| 07/21/00 | Bought | TELEFONICA S.A. SPONS ADR | 28 | 68.812 | -1,926.75 |
| 07/21/00 | Bought | TERRA NETWORKS SA SPON ADR SALOMON SMITH BARNEY | 18 | 40.875 | -735.75 |
| 07/21/00 | Bought | TOTAL FINA ELF S.A. SPONS ADR-USD | 13 | 76.50 | -994.50 |
| 07/21/00 | Bought | UNILEVER NV NEW YORK SHS -NEW- | 43 | 45.00 | -1,935.00 |
| 07/21/00 | Bought | UNITED PAN EUROPE COMMUNICATIONS N V SP ADR CL A SALOMON SMITH BARNEY | 64 | 30.562 | -1,959.00 |
| 07/21/00 | Bought | VODAFONE AIRTOUCH PLC SPONSORED ADR | 91 | 45.937 | -4,180.31 |
| | | **Total securities bought and other subtractions** | | | $ -96,781.48 |
| | | **Total securities sold and other additions** | | | $ 0.00 |

**Deposits**

| Date | Description | Amount |
|---|---|---|
| 07/17/00 | FROM 579-04311-01 TO 579-04808-01 | 100,000.00 |
| 07/21/00 | CONSULTING & ADVISORY SERVICES FROM 07/17/00 TO 12/31/00 | 1,032.78 |
| | **Total deposits** | $ 101,032.78 |

**Withdrawals**

| Date | Description | Reference no. | Amount |
|---|---|---|---|
| 07/19/00 | CONSULTING & ADVISORY SERVICES FROM 07/17/00 TO 12/31/00 | | 1,032.78 |
| 07/21/00 | CONSULTING & ADVISORY SERVICES FROM 07/17/00 TO 09/30/00 | | 467.21 |
| 07/31/00 | CONSULTING & ADVISORY SERVICES FROM 07/17/00 TO 09/30/00 | | 467.21 |
| | **Total withdrawals** | | $ 1,967.20 |

**Money funds activity**

| | | | |
|---|---|---|---|
| | **Opening money funds balance** | | $ 0.00 |
| Date | Activity | Description | Amount |
| 07/18/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 100,000.00 |
| 07/19/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -1,032.78 |

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount |
|---|---|---|---|
| 07/21/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -98,225.91 |
| 07/31/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -467.21 |
| | | **Closing balance** | $ 2,274.10 |

# SALOMON SMITH BARNEY

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## Client Statement

August 1 - August 31, 2000

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LESLIE GORDON

[redacted]

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 08/03/00 | Exchange | KONINKLIJKE PHILIPS ELECTRONIC-EUR SPONS ADR NEW N V | -56 | | $ 0.00 |
| 08/03/00 | Cash in lieu | KONINKLIJKE PHILIPS ELECTRONCIS NS SPON ADR NEW | | | 10.46 |
| 08/03/00 | Exchange | KONINKLIJKE PHILIPS ELECTRONCIS NS SPON ADR NEW | 56 | | 0.00 |
| 08/11/00 | Bought | ERICSSON L M TEL CO CL B ADR -USD- SALOMON SMITH BARNEY | 20 | 18.875 | -377.50 |
| 08/11/00 | Bought | GLOBAL TELESYSTEMS INC | 20 | 9.875 | -197.50 |
| 08/11/00 | Bought | KONINKLIJKE PHILIPS ELECTRONCIS NS SPON ADR NEW | 10 | 41.25 | -412.50 |
| 08/11/00 | Bought | NOKIA CORP SPONSORED ADR EACH REPSTG "A" SH | 20 | 38.625 | -772.50 |
| 08/11/00 | Bought | ROYAL PTT NEDERLAND NV SPONS ADR | 15 | 32.937 | -494.06 |
| 08/18/00 | Bought | ALBERTA ENERGY CO LTD-CAD | 37 | 39.51 | -1,461.88 |
| 08/18/00 | Sold | ROYAL PTT NEDERLAND NV SPONS ADR | -23 | 32.785 | 754.04 |
| 08/18/00 | Sold | SAP AKLENGESELLSCHAFT SPONS ADR-USD | -13 | 61.062 | 793.78 |
| **Total securities bought and other subtractions** | | | | | **$ -3,718.94** |
| **Total securities sold and other additions** | | | | | **$ 1,888.27** |

**Other security activity**

| Date | Activity | Description | Quantity | Value |
|---|---|---|---|---|
| 08/01/00 | Name change | VODAFONE AIRTOUCH PLC SPONSORED ADR | -91 | |
| 08/01/00 | Name change | VODAFONE GROUP PLC SP ADR | 91 | |
| **Net value of securities deposited/withdrawn** | | | | **$ 0.00** |

**Deposits**

| Date | Description | Amount | Date | Description | Amount |
|---|---|---|---|---|---|
| 08/02/00 | CONSULTING & ADVISORY SERVICES FROM 07/17/00 TO 09/30/00 | 487.21 | | | |

**Money funds activity**

Opening money funds balance $ 2,274.10

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount | Date | Activity | Description | Amount |
|---|---|---|---|---|---|---|---|
| 08/03/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 487.21 | 08/11/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -2,243.29 |

# SALOMON SMITH BARNEY

A member of citigroup

## Client Statement

October 1 - October 31, 2000

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[redacted]

*LESLIE P GORDON*

[redacted]

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 10/04/00 | Bought | BANCO SANTANDER CENT HISPANO S ADR | 19 | $ 10.984 | $ -208.70 |
| 10/04/00 | Sold | GLOBAL TELESYSTEMS INC | -181 | 4.141 | 749.69 |
| 10/04/00 | Bought | ING GROEP NV SPONS ADR | 4 | 66.437 | -265.75 |
| 10/04/00 | Sold | TERRA NETWORKS SA SPON ADR | -5 | 36.75 | 183.74 |
| 10/04/00 | | SALOMON SMITH BARNEY | | | 9.80 |
| 10/12/00 | Cash in lieu | KONINKLIJKE AHOLD NV SPONSORED ADR NEW CASH IN LIEU OF .35000 | | | 0.00 |
| 10/19/00 | Stk split | BIOVAIL CORP STK SPLIT ON 40 SHS | 40 | | 5.73 |
| 10/19/00 | Cash in lieu | ROYAL PTT NEDERLAND NV SPONS ADR CASH IN LIEU OF .30789 RECORD 09/01/00 PAY 09/26/00 | | | |
| 10/20/00 | Merger | ALLIED ZURICH PLC-GBP SPONSORED ADR | -86 | | 0.00 |
| 10/20/00 | Cash in lieu | ZURICH FINANCIAL SERVICES SPONS ADR | | | 3.27 |
| 10/20/00 | Merger | ZURICH FINANCIAL SERVICES SPONS ADR | 40 | | 0.00 |
| | | **Total securities bought and other subtractions** | | | **$ -474.48** |
| | | **Total securities sold and other additions** | | | **$ 952.13** |

**Withdrawals**

| Date | Description | Reference no. | Amount |
|---|---|---|---|
| 10/20/00 | CONSULTING & ADVISORY SERVICES FROM 10/01/00 TO 12/31/00 | | 693.61 |

| Date | Description | Reference no. | Amount |
|---|---|---|---|

**Money funds activity**

| | Opening money funds balance | | $ 624.98 |
|---|---|---|---|
| Date | Activity | Description | Amount |
| 10/02/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 1.04 |
| 10/04/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 24.47 |
| 10/05/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 483.48 |
| 10/06/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 40.50 |
| 10/09/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 3.58 |

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount |
|---|---|---|---|
| 10/13/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 9.80 |
| 10/17/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 7.73 |
| 10/20/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 5.73 |
| 10/20/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -880.24 |
| 10/24/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 12.66 |
| | | MONEY FUNDS EARNINGS REINVESTED (SEE DETAILS UNDER EARNINGS DETAILS) | 5.61 |
| | | **Closing balance** | **$ 728.98** |

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# SALOMON SMITH BARNEY

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## Client Statement

November 1 - November 30, 2000

[redacted]

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*LESLIE P GORDON* [redacted]

[redacted]

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 11/02/00 | Sold | TERRA NETWORKS SA SPON ADR<br>SALOMON SMITH BARNEY | -13 | $ 21.876 | $ 284.37 |
| 11/06/00 | Bought | ALPHARMA INC CL A<br>TRADE AS OF 11/01/00 | 30 | 40.00 | -1,200.00 |
| 11/06/00 | Sold | BIOVAIL CORP | -20 | 42.77 | 855.38 |
| 11/17/00 | Spinoff | SYNGENTA AG TEMP ADR<br>SPINOFF ON 55 SHS | 6 | | 0.00 |
| 11/20/00 | Bought | ALCATEL SA ADR | 10 | 56.42 | -564.20 |
| 11/20/00 | Sold | NOKIA CORP SPONSORED ADR<br>EACH REPSTG "A" SH | -20 | 41.687 | 833.72 |
| 11/27/00 | Sold | SYNGENTA AG TEMP ADR | -6 | 8.042 | 48.25 |
| **Total securities bought and other subtractions** | | | | | **$ -1,764.20** |
| **Total securities sold and other additions** | | | | | **$ 2,021.72** |

**Deposits**

| Date | Description | Amount | Date | Description | Amount |
|---|---|---|---|---|---|
| 11/22/00 | CONSULTING & ADVISORY SERVICES<br>FROM 10/01/00 TO 12/31/00 | 593.61 | | | |

**Withdrawals**

| Date | Description | Reference no. | Amount | Date | Description | Reference no. | Amount |
|---|---|---|---|---|---|---|---|
| 11/22/00 | CONSULTING & ADVISORY SERVICES<br>FROM 10/01/00 TO 12/31/00 | | 520.13 | | | | |

**Money funds activity**

**Opening money funds balance** $ 728.68

| Date | Activity | Description | Amount |
|---|---|---|---|
| 11/02/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 14.11 |
| 11/03/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 293.24 |
| 11/08/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -344.62 |
| 11/13/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 10.76 |

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount |
|---|---|---|---|
| 11/20/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 99.40 |
| 11/21/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 249.62 |
| 11/24/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 173.38 |
| 11/28/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 97.78 |
| | | MONEY FUNDS EARNINGS REINVESTED<br>(SEE DETAILS UNDER EARNINGS DETAILS) | 4.20 |
| | | **Closing balance** | **$ 1,328.48** |

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[redacted]

## Client Statement

December 1 - December 31, 2000

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*LESLIE P GORDON* [redacted]

**Common stocks & options** continued

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 28 | TELEFONICA S.A.<br>SPONS ADR<br>SYMBOL: TEF | 07/18/00 | $ 1,828.75 | $ 68.812 | $ 50.00 | $ 1,400.00 | ($ 528.75) | ST | |
| 13 | TOTAL FINA ELF S.A. SPONS<br>ADR-USD<br>SYMBOL: TOT | 07/18/00 | 994.50 | 76.50 | 72.688 | 944.94 | (49.56) | ST | 1,305<br>12.84 |
| 43 | UNILEVER NV NEW YORK SHS<br>-NEW-<br>SYMBOL: UN | 07/18/00 | 1,938.00 | 45.00 | 62.938 | 2,706.33 | 771.33 | ST | 1,903<br>43.99 |
| 84 | UNITED PAN EUROPE<br>COMMUNICATIONS N V SP ADR CL A<br>SYMBOL: UPCOY | 07/18/00 | 1,956.00 | 30.592 | 10.50 | 872.00 | (1,284.00) | ST | |
| 91 | VODAFONE GROUP PLC SP ADR<br>SYMBOL: VOD | 07/18/00 | 4,180.31 | 45.937 | 35.813 | 3,258.98 | (921.33) | ST | .656<br>18.20 |
| 40 | ZURICH FINANCIAL SERVICES<br>SPONS ADR<br>SYMBOL: ZFSVY<br>Exchange rate: .6179534<br>Shares traded in:<br>Swiss francs | 07/18/00 | 2,279.00 | 68.975 | 60.29 | 2,411.60 | 132.60 | ST | |

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**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 12/01/00 | Cash in lieu | SYNGENTA AG TEMP ADR<br>CASH IN LIEU OF .83439<br>RECORD 11/10/00 PAY 11/14/00 | | | $ 7.37 |
| 12/06/00 | Sold | SAP AKLENGESELLSCHAFT<br>SPONS ADR-USD | -24 | 34.487 | 827.68 |
| 12/06/00 | Sold | TELE DANMARK A/S SPON ADR<br>REPSTG CL B SHS -USD- | -7 | 20.595 | 144.17 |

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# SALOMON SMITH BARNEY

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## Client Statement

December 1 - December 31, 2000



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**LESLIE P GORDON** [redacted]

**Investment activity continued**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 12/06/00 | Sold | TELE DANMARK A/S SPON ADR REPSTG CL B SHS -USD- | -7 | $ 20.699 | $ 144.17 |
| 12/06/00 | Sold | TELE DANMARK A/S SPON ADR REPSTG CL B SHS -USD- | -5 | 20.596 | 102.98 |
| 12/06/00 | Sold | TELE DANMARK A/S SPON ADR REPSTG CL B SHS -USD- | -10 | 20.595 | 206.95 |
| 12/07/00 | Sold | INTERNET INITIATIVE JAPAN -JPY | -24 | 8.87 | 212.87 |
| 12/07/00 | Sold | TELE DANMARK A/S SPON ADR REPSTG CL B SHS -USD- | -13 | 20.089 | 261.15 |
| 12/14/00 | Stk split | MATSUSHITA ELEC INDL ADR STK SPLIT ON 9 SHS | 81 | | 0.00 |
| 12/27/00 | Sold | DAIMLERCHRYSLER AG-EUR | -18 | 40.86 | 731.68 |
| 12/27/00 | Bought | HONDA MOTOR CO LTD ADR-NEW -USD- | 5 | 71.103 | -355.52 |
| 12/27/00 | Bought | MATSUSHITA ELEC INDL ADR | 30 | 22.828 | -684.80 |
| 12/27/00 | Bought | SONY CORP-ADR-AMERICAN SHS NEW | 5 | 69.867 | -349.34 |
| **Total securities bought and other subtractions** | | | | | **$ -1,389.66** |
| **Total securities sold and other additions** | | | | | **$ 2,638.00** |

**Money funds activity**

| Opening money funds balance | | | $ 1,328.43 |
|---|---|---|---|
| Date | Activity | Description | Amount |
| 12/04/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 7.37 |
| 12/07/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 1,424.93 |
| 12/08/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 474.02 |
| 12/11/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 7.58 |
| 12/12/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 10.39 |

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount |
|---|---|---|---|
| 12/18/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 4.27 |
| 12/19/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 15.04 |
| 12/20/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 4.15 |
| 12/27/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -667.98 |
| 12/29/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 10.40 |
| | | MONEY FUNDS EARNINGS REINVESTED (SEE DETAILS UNDER EARNINGS DETAILS) | 17.20 |
| | | **Closing balance** | **$ 2,843.78** |

# SALOMON SMITH BARNEY

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## Client Statement

July 31, 2000

[redacted]

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*LESLIE GORDON*

[redacted]

**Stocks** continued

| *Common stocks* | Exchange | No. of shares | Price | Yield | Anticipated income (annualized) | U.S. Dollar Market value | Comment |
|---|---|---|---|---|---|---|---|
| ORACLE CORP | OTC | 30 | $ 76.188 | | | $ 2,285.64 | Symbol: ORCL\Rated: B + |
| PFIZER INC | NYSE | 96 | 43.125 | .834 | 34.20 | 4,086.88 | Symbol: PFE\Rated: A + |
| SCHERING PLOUGH CORP | NYSE | 70 | 43.188 | 1.296 | 39.20 | 3,023.16 | Symbol: SGP\Rated: A + |
| SOLECTRON CORP | NYSE | 80 | 40.313 | | | 3,225.04 | Symbol: SLR\Rated: B + |
| SUN MICROSYSTEMS INC | OTC | 10 | 105.438 | | | 1,064.38 | Symbol: SUNW\Rated: B + |
| TIME WARNER INC | NYSE | 16 | 76.688 | .234 | 2.70 | 1,150.32 | Symbol: TWX\Rated: B- |
| TYCO INTERNATIONAL LTD -NEW- | NYSE | 65 | 53.50 | .093 | 3.25 | 3,477.50 | Symbol: TYC\Rated: B + |
| UNITED TECHNOLOGIES CORP | NYSE | 10 | 58.375 | 1.37 | 12.00 | 876.63 | Symbol: UTX\Rated: B + |
| VERITAS SOFTWARE CORP | OTC | 5 | 101.938 | | | 509.69 | Symbol: VRTS |
| VODAFONE AIRTOUCH PLC SPONSORED ADR | NYSE | 20 | 43.125 | .475 | 4.10 | 862.50 | Symbol: VOD |
| WAL-MART STORES INC | NYSE | 30 | 54.938 | .438 | 7.20 | 1,648.14 | Symbol: WMT\Rated: A + |
| WORLDCOM INC GA-NEW | OTC | 40 | 39.063 | | | 1,562.52 | Symbol: WCOM\Rated: B |
| [redacted] | | | | | | | |

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**Anticipated annual income**

*This value is a grand total of all the anticipated annual income amounts that are shown on the statement.*

| | |
|---|---|
| **Total anticipated income (annualized)** | **$ 484.51** |

[redacted]

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 07/21/00 | Bought | AT&T CORP LIBERTY MEDIA GROUP CL A | 150 | $ 24.875 | $ -3,731.43 |
| 07/21/00 | Bought | AT&T CORP AT&T WIRELESS GROUP | 18 | 28.561 | -478.11 |
| 07/21/00 | Bought | ALTERA CORP SALOMON SMITH BARNEY | 30 | 120.446 | -3,613.40 |
| 07/21/00 | Bought | AMERICA ONLINE INC DEL | 15 | 61.104 | -918.57 |
| 07/21/00 | Bought | AMER INTERNATIONAL GROUP INC WITH DUE BILL SPLIT 3: 2 | 18 | 119.034 | -2,142.63 |
| 07/21/00 | Bought | APPLIED MATERIALS INC DELAWARE SALOMON SMITH BARNEY | 10 | 89.67 | -896.70 |
| 07/21/00 | Bought | BANK OF AMERICA CORP | 30 | 48.445 | -1,393.37 |
| 07/21/00 | Bought | BRISTOL MYERS SQUIBB CO | 30 | 53.178 | -1,596.30 |
| 07/21/00 | Bought | CHASE MANHATTAN CORP NEW | 40 | 50.606 | -2,024.27 |

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# SALOMON SMITH BARNEY

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## Client Statement

July 31, 2000



[redacted]

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*LESLIE GORDON* [redacted]

**Investment activity continued**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 07/21/00 | Bought | CISCO SYS INC<br>SALOMON SMITH BARNEY | 85 | $ 67.781 | $ -5,761.39 |
| 07/21/00 | Bought | CITIGROUP INC<br>SALOMON SMITH BARNEY<br>IS A CITIGROUP OWNED CO. | 60 | 65.823 | -3,949.39 |
| 07/21/00 | Bought | COCA-COLA CO | 15 | 58.295 | -874.44 |
| 07/21/00 | Bought | COLGATE PALMOLIVE CO | 35 | 55.132 | -1,929.63 |
| 07/21/00 | Bought | COMCAST CORP CL A-SPL<br>SALOMON SMITH BARNEY | 20 | 37.304 | -746.09 |
| 07/21/00 | Bought | DELL COMPUTER CORP<br>SALOMON SMITH BARNEY | 80 | 53.985 | -4,319.88 |
| 07/21/00 | Bought | GAP INC DELAWARE<br>FORMERLY INC IN CALIFORNIA | 30 | 37.322 | -1,119.98 |
| 07/21/00 | Bought | GENERAL ELECTRIC CO | 86 | 52.862 | -4,543.39 |
| 07/21/00 | Bought | HARLEY-DAVIDSON INC | 30 | 43.653 | -1,309.59 |
| 07/21/00 | Bought | HOME DEPOT INC | 55 | 57.769 | -3,176.77 |
| 07/21/00 | Bought | INTEL CORP<br>WITH DUE BILL SPLT 2: 1<br>SALOMON SMITH BARNEY | 45 | 142.51 | -6,412.97 |
| 07/21/00 | Bought | INTL BUSINESS MACHINES CORP | 10 | 103.406 | -1,034.07 |
| 07/21/00 | Bought | KOHLS CORP | 40 | 64.539 | -2,581.57 |
| 07/21/00 | Bought | KROGER CO | 35 | 21.388 | -748.59 |
| 07/21/00 | Bought | LUCENT TECHNOLOGIES INC | 15 | 63.516 | -952.74 |
| 07/21/00 | Bought | MBNA CORP | 60 | 30.838 | -1,850.19 |
| 07/21/00 | Bought | MASCO CORP DE | 20 | 19.078 | -381.58 |
| 07/21/00 | Bought | MEDTRONIC INC | 25 | 51.408 | -1,285.20 |
| 07/21/00 | Bought | MERCK & CO INC | 20 | 66.725 | -1,334.52 |
| 07/21/00 | Bought | MICROSOFT CORP<br>SALOMON SMITH BARNEY | 35 | 78.594 | -2,750.79 |
| 07/21/00 | Bought | MORGAN STANLEY DEAN WITTER CO<br>NEW | 35 | 91.599 | -3,205.99 |
| 07/21/00 | Bought | NOKIA CORP SPONSORED ADR<br>EACH REPSTG "A" SH | 65 | 58.786 | -3,826.12 |
| 07/21/00 | Bought | ORACLE CORP<br>SALOMON SMITH BARNEY | 30 | 75.773 | -2,273.20 |
| 07/21/00 | Bought | PFIZER INC | 95 | 44.964 | -4,270.65 |
| 07/21/00 | Bought | SCHERING PLOUGH CORP | 70 | 45.956 | -3,216.85 |
| 07/21/00 | Bought | SOLECTRON CORP | 80 | 46.712 | -3,737.02 |
| 07/21/00 | Bought | SUN MICROSYSTEMS INC<br>SALOMON SMITH BARNEY | 10 | 98.144 | -981.45 |

# SALOMON SMITH BARNEY

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## Client Statement

July 31, 2000

[redacted]

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*LESLIE GORDON* [redacted]

**Investment activity continued**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 07/21/00 | Bought | TIME WARNER INC | 15 | $ 88.357 | $ -1,325.36 |
| 07/21/00 | Bought | TYCO INTERNATIONAL LTD -NEW- | 85 | 53.441 | -3,473.68 |
| 07/21/00 | Bought | UNITED TECHNOLOGIES CORP | 15 | 59.03 | -885.45 |
| 07/21/00 | Bought | VERITAS SOFTWARE CORP SALOMON SMITH BARNEY | 5 | 130.341 | -651.71 |
| 07/21/00 | Bought | VODAFONE AIRTOUCH PLC SPONSORED ADR | 20 | 45.628 | -910.53 |
| 07/21/00 | Bought | WAL-MART STORES INC | 30 | 60.124 | -1,803.74 |
| 07/21/00 | Bought | WORLDCOM INC GA-NEW SALOMON SMITH BARNEY | 40 | 48.661 | -1,886.46 |
| 07/27/00 | Bought | AMDOCS LTD | 5 | 77.675 | -388.38 |
| **Total securities bought and other subtractions** | | | | | $ -98,400.84 |
| **Total securities sold and other additions** | | | | | $ 0.00 |

**Deposits**

| Date | Description | Amount | Date | Description | Amount |
|---|---|---|---|---|---|
| 07/17/00 | FROM 578-04311-01 TO 578-04867-01 | 100,000.00 | | | |

**Withdrawals**

| Date | Description | Reference no. | Amount | Date | Description | Reference no. | Amount |
|---|---|---|---|---|---|---|---|
| 07/18/00 | CONSULTING & ADVISORY SERVICES FROM 07/17/00 TO 09/30/00 | | 467.21 | 07/31/00 | CONSULTING & ADVISORY SERVICES FROM 07/17/00 TO 09/30/00 | | 467.21 |
| | | | | | **Total withdrawals** | | $ 934.42 |

**Money funds activity**

| | | Opening money funds balance | $ 0.00 |
|---|---|---|---|
| Date | Activity | Description | Amount |
| 07/18/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 100,000.00 |
| 07/19/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -467.21 |
| 07/21/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -96,012.16 |

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount |
|---|---|---|---|
| 07/27/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -388.38 |
| 07/31/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -467.21 |
| | | Closing balance | $ 2,666.04 |

*We have available at no cost brochures describing our investment advisory services and those of any other investment advisors managing your account. If you would like copies, please ask your Salomon Smith Barney Financial Consultant or Salomon Smith Barney Portfolio Manager.*

*Please contact your Salomon Smith Barney Financial Consultant or Salomon Smith Barney Portfolio Manager if there have been any changes in your financial situation or investment objective, or if you wish to impose any restrictions, or modify existing restrictions, on the management of your account.*

# SALOMON SMITH BARNEY

A member of citigroup

## Client Statement

August 1 - August 31, 2000



[redacted]

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*LESLIE GORDON* [redacted]

**Common stocks & options** continued

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|
| 5 | YAHOO INC<br>SYMBOL: YHOO | 08/21/00 | $ 643.04 | $ 128.607 | $ 121.50 | $ 607.50 | ($ 35.54) ST | |

[redacted]

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 08/03/00 | Stk split | AMER INTERNATIONAL GROUP INC<br>STK SPLIT ON 18 SHS | 9 | | $ 0.00 |
| 08/03/00 | Stk split | INTEL CORP<br>STK SPLIT ON 46 SHS | 46 | | 0.00 |
| 08/04/00 | Sold | LUCENT TECHNOLOGIES INC | -15 | 43.594 | 653.90 |
| 08/04/00 | Bought | NORTEL NETWORKS CORP NEW | 5 | 74.906 | -374.53 |
| 08/08/00 | Sold | GAP INC DELAWARE<br>FORMERLY INC IN CALIFORNIA | -10 | 30.032 | 300.32 |
| 08/15/00 | Sold | GAP INC DELAWARE<br>FORMERLY INC IN CALIFORNIA<br>TRADE AS OF 08/10/00 | -20 | 26.862 | 537.23 |
| 08/18/00 | Stk split | ALTERA CORP<br>STK SPLIT ON 30 SHS | 30 | | 0.00 |
| 08/17/00 | Bought | AMDOCS LTD | 5 | 63.679 | -318.40 |
| 08/24/00 | Sold | BANK OF AMERICA CORP | -10 | 53.449 | 534.47 |
| 08/24/00 | Bought | NORTEL NETWORKS CORP NEW | 5 | 82.28 | -411.40 |
| 08/24/00 | Bought | YAHOO INC<br>SALOMON SMITH BARNEY | 5 | 128.607 | -643.04 |
| 08/31/00 | Stk split | CITIGROUP INC<br>STK SPLIT ON 60 SHS | 20 | | 0.00 |
| **Total securities bought and other subtractions** | | | | | **$ -1,748.37** |
| **Total securities sold and other additions** | | | | | **$ 2,028.92** |

# SALOMON SMITH BARNEY

A member of citigroup

## Client Statement

August 1 - August 31, 2000

[redacted]

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*LESLIE GORDON* [redacted]

**Other security activity**

| Date | Activity | Description | Quantity | Value |
|---|---|---|---|---|
| 08/01/00 | Name change | VODAFONE AIRTOUCH PLC SPONSORED ADR | -20 | |
| 08/01/00 | Name change | VODAFONE GROUP PLC SP ADR | 20 | |
| Net value of securities deposited/withdrawn | | | | $ 0.00 |

**Deposits**

| Date | Description | Amount | Date | Description | Amount |
|---|---|---|---|---|---|
| 08/02/00 | CONSULTING & ADVISORY SERVICES FROM 07/17/00 TO 08/30/00 | 487.21 | | | |

**Money funds activity**

Opening money funds balance $ 2,065.04

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount | Date | Activity | Description | Amount |
|---|---|---|---|---|---|---|---|
| 08/03/00 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 467.21 | 08/17/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -319.40 |
| 08/07/00 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 279.37 | 08/24/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -519.97 |
| 08/09/00 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 300.32 | 08/28/00 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 11.20 |
| 08/16/00 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 542.74 | 08/30/00 | Autoinvest | SB MONEY FUNDS CASH PORT CL A | 9.80 |
| | | | | | | MONEY FUNDS EARNINGS REINVESTED (SEE DETAILS UNDER EARNINGS DETAILS) | 94.99 |
| | | | | | | Closing balance | $ 3,631.30 |

**Dividends**

| Date | Description | Comment | Taxable | Non-taxable | Amount |
|---|---|---|---|---|---|
| 08/15/00 | COLGATE PALMOLIVE CO | CASH DIV ON 35.0000 SHS | $ 5.51 | | $ 5.51 |
| 08/25/00 | CITIGROUP INC | CASH DIV ON 60.0000 SHS | 11.20 | | 11.20 |
| 08/29/00 | SCHERING PLOUGH CORP | CASH DIV ON 70.0000 SHS | 9.80 | | 9.80 |

**Money funds earnings**

| Date | Description | Comment | Taxable | Non-taxable | Amount |
|---|---|---|---|---|---|
| 08/11/00 | SB MONEY FUNDS CASH PORT CL A | REINVESTED FOR PERIOD 07/17/00-08/13/00 28 DAYS AVERAGE YIELD 6.12 %. | $ 94.99 | | $ 94.99 |

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# SALOMON SMITH BARNEY

A member of citigroup

## Client Statement

September 1 - September 30, 2000

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*LESLIE GORDON*

[redacted]

**Common stocks & options** continued

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|
| 5 | YAHOO INC<br>SYMBOL: YHOO | 08/21/00 | $ 643.04 | $ 128.607 | $ 91.00 | $ 455.00 | ($ 188.04) ST | |

[redacted]

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 09/08/00 | Bought | JDS UNIPHASE CORP<br>SALOMON SMITH BARNEY | 5 | $ 121.776 | $ -608.88 |
| 09/08/00 | Sold | MORGAN STANLEY DEAN WITTER CO<br>NEW<br>TRADE AS OF 09/06/00 | -5 | 108.82 | 634.08 |
| 09/13/00 | Bought | NORTEL NETWORKS CORP NEW | 5 | 73.032 | -365.16 |
| 09/13/00 | Bought | PMC SIERRA INC<br>SALOMON SMITH BARNEY | 5 | 219.731 | -1,098.66 |
| 09/13/00 | Sold | WORLDCOM INC GA-NEW<br>SALOMON SMITH BARNEY | -15 | 29.737 | 446.05 |
| 09/15/00 | Bought | AMDOCS LTD | 3 | 68.036 | -204.11 |
| 09/15/00 | Sold | BRISTOL MYERS SQUIBB CO | -10 | 51.576 | 515.73 |
| 09/15/00 | Bought | JDS UNIPHASE CORP<br>SALOMON SMITH BARNEY | 5 | 108.91 | -544.55 |
| 09/15/00 | Sold | WORLDCOM INC GA-NEW<br>SALOMON SMITH BARNEY | -25 | 30.766 | 769.13 |
| 09/18/00 | Bought | FLEXTRONICS INTL LTD USD<br>SALOMON SMITH BARNEY | 5 | 80.93 | -404.65 |
| 09/26/00 | Sold | BANK OF AMERICA CORP | -10 | 52.911 | 529.09 |
| 09/27/00 | Bought | FLEXTRONICS INTL LTD USD<br>WITH DUE BILL SPLT 2: 1<br>SALOMON SMITH BARNEY | 5 | 83.54 | -417.70 |
| 09/28/00 | Sold | BANK OF AMERICA CORP | -10 | 55.626 | 556.24 |
| 09/28/00 | Bought | CISCO SYS INC<br>SALOMON SMITH BARNEY | 5 | 58.708 | -293.54 |
| **Total securities bought and other subtractions** | | | | | **$ -3,937.28** |
| **Total securities sold and other additions** | | | | | **$ 3,948.32** |

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# SALOMON SMITH BARNEY

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## Client Statement

October 1 - October 31, 2000



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*LESLIE P GORDON* [redacted]

**Common stocks & options** continued

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 15 | UNITED TECHNOLOGIES CORP<br>SYMBOL: UTX/RATING: B + | 07/18/00 | $ 885.45 | $ 69.03 | $ 69.813 | $ 1,047.20 | $ 161.75 | ST | 1.289 %<br>$ 13.50 |
| 5 | VERITAS SOFTWARE CORP<br>SYMBOL: VRTS | 07/18/00 | 651.71 | 130.341 | 141.016 | 705.08 | 53.37 | ST | |
| 20 | VODAFONE GROUP PLC SP ADR<br>SYMBOL: VOD | 07/18/00 | 810.53 | 45.526 | 42.583 | 851.26 | (59.27) | ST | .483<br>4.12 |
| 30 | WAL-MART STORES INC<br>SYMBOL: WMT/RATING: A + | 07/18/00 | 1,803.74 | 60.124 | 45.375 | 1,361.25 | (442.49) | ST | .528<br>7.20 |
| 5 | YAHOO INC<br>SYMBOL: YHOO | 08/21/00 | 643.04 | 128.607 | 58.625 | 293.13 | (348.91) | ST | |

[redacted]

**Investment activity**

[redacted]

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 10/04/00 | Sold | BRISTOL MYERS SQUIBB CO | -5 | $ 57.104 | $ 285.51 |
| 10/04/00 | Bought | EMC CORP-MASS | 5 | 99.771 | -498.88 |
| 10/10/00 | Bought | EMC CORP-MASS | 5 | 89.21 | -446.05 |
| 10/11/00 | Bought | CISCO SYS INC<br>SALOMON SMITH BARNEY | 5 | 57.613 | -288.07 |
| 10/11/00 | Sold | MASCO CORP DE | -20 | 16.153 | 323.06 |
| 10/12/00 | Bought | FLEXTRONICS INTL LTD USD<br>WITH DUE BILL SPLIT 2: 1<br>SALOMON SMITH BARNEY | 5 | 73.751 | -368.76 |
| 10/12/00 | Sold | COCA-COLA CO | -15 | 58.726 | 880.87 |
| 10/13/00 | Bought | ALTERA CORP<br>SALOMON SMITH BARNEY | 5 | 29.692 | -148.46 |
| 10/13/00 | Bought | EMC CORP-MASS | 5 | 90.883 | -454.42 |
| 10/13/00 | Bought | NORTEL NETWORKS CORP NEW | 5 | 63.836 | -319.18 |
| 10/18/00 | Stk split | ORACLE CORP<br>STK SPLIT ON 30 SHS | 30 | | 0.00 |

# SALOMON SMITH BARNEY

A member of citigroup

## Client Statement

November 1 - November 30, 2000



[redacted]

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LESLIE P GORDON [redacted]

**Common stocks & options continued**

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | | Average % Yield/Anticipated Income (annualized) |
|---|---|---|---|---|---|---|---|---|---|
| 65 | TYCO INTERNATIONAL LTD -NEW- SYMBOL: TYC/RATING: B + | 07/18/00 | $ 3,473.88 | $ 53.441 | $ 52.75 | $ 3,428.75 | ($ 44.93) | ST | .094 % $ 3.25 |
| 10 | UNITED TECHNOLOGIES CORP SYMBOL: UTX/RATING: B + | 07/18/00 | 590.30 | 59.03 | 70.813 | 708.13 | 117.83 | ST | 1.27 9.00 |
| 5 | VERITAS SOFTWARE CORP SYMBOL: VRTS | 07/18/00 | 651.71 | 130.341 | 97.563 | 487.82 | (163.89) | ST | |
| 20 | VODAFONE GROUP PLC SP ADR SYMBOL: VOD | 07/18/00 | 910.53 | 45.526 | 34.375 | 687.50 | (223.03) | ST | .581 4.00 |
| 20 | WAL-MART STORES INC SYMBOL: WMT/RATING: A + | 07/18/00 | 1,202.49 | 60.124 | 52.188 | 1,043.76 | (158.73) | ST | .459 4.80 |
| 5 | YAHOO INC SYMBOL: YHOO | 08/21/00 | 643.04 | 128.607 | 39.625 | 198.13 | (444.91) | ST | |

[redacted]

**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 11/03/00 | Bought | GENERAL ELECTRIC CO | 5 | $ 54.424 | $ -272.12 |
| 11/03/00 | Bought | KOHLS CORP | 5 | 54.327 | -271.64 |
| 11/03/00 | Sold | UNITED TECHNOLOGIES CORP | -5 | 68.012 | 340.05 |
| 11/03/00 | Sold | WAL-MART STORES INC | -10 | 45.066 | 450.64 |
| 11/14/00 | Bought | PMC SIERRA INC SALOMON SMITH BARNEY | 2 | 118.455 | -236.91 |
| **Total securities bought and other subtractions** | | | | | **$ -780.67** |
| **Total securities sold and other additions** | | | | | **$ 790.69** |

**Deposits**

| Date | Description | Amount | Date | Description | Amount |
|---|---|---|---|---|---|
| 11/22/00 | CONSULTING & ADVISORY SERVICES FROM 10/01/00 TO 12/31/00 | 673.56 | | | |

# SALOMON SMITH BARNEY

A member of citigroup

## Client Statement

December 1 - December 31, 2000

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*LESLIE P GORDON*

[redacted]

**Common stocks & options continued**

| Quantity | Description | Date acquired | Cost | Share cost | Current share price | Current value | Unrealized gain/(loss) | Average % Yield/Anticipated income (annualized) |
|---|---|---|---|---|---|---|---|---|
| 5 | VERITAS SOFTWARE CORP<br>SYMBOL: VRTS | 07/18/00 | $ 651.71 | $ 130.341 | $ 87.50 | $ 437.50 | ($ 214.21) ST | |
| 20 | VODAFONE GROUP PLC SP ADR<br>SYMBOL: VOD | 07/18/00 | 910.83 | 45.528 | 35.813 | 716.26 | (194.27) ST | .559<br>4.00 |
| 20 | WAL-MART STORES INC<br>SYMBOL: WMT/RATING: A + | 07/18/00 | 1,202.49 | 60.124 | 53.125 | 1,062.50 | (138.99) ST | .461<br>4.80 |

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**Investment activity**

| Date | Activity | Description | Quantity | Price | Amount |
|---|---|---|---|---|---|
| 12/01/00 | Bought | PMC-SIERRA INC<br>SALOMON SMITH BARNEY | 4 | $ 94.346 | $ -377.38 |
| 12/11/00 | Stk split | SUN MICROSYSTEMS INC<br>STK SPLIT ON 10 SHS | 10 | | 0.00 |
| 12/14/00 | Bought | FLEXTRONICS INTL LTD USD<br>SALOMON SMITH BARNEY | 5 | 32.765 | -163.78 |
| 12/14/00 | Sold | HOME DEPOT INC<br>TRADE AS OF 12/11/00 | -5 | 46.422 | 232.10 |
| 12/21/00 | Tender | MEDTRONIC INC<br>SALE OF RT ON 25.0000 SHS | | | .01 |
| 12/22/00 | Sold | APPLIED MATERIALS INC DELAWARE<br>SALOMON SMITH BARNEY | -10 | 41.533 | 415.33 |
| 12/22/00 | Sold | YAHOO INC<br>SALOMON SMITH BARNEY | -5 | 30.994 | 154.96 |
| **Total securities bought and other subtractions** | | | | | **$ -541.16** |
| **Total securities sold and other additions** | | | | | **$ 802.40** |

**Money funds activity**

Opening money funds balance $ 1,740.88

*All transactions are traded at $1.00 per share.*

| Date | Activity | Description | Amount | Date | Activity | Description | Amount |
|---|---|---|---|---|---|---|---|
| 12/01/00 | Redemption | SB MONEY FUNDS CASH PORT CL A | -375.58 | 12/15/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 70.62 |
| 12/08/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 8.56 | 12/18/00 | AutoInvest | SB MONEY FUNDS CASH PORT CL A | 2.13 |

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# Client Statement
## 2000 Year End Summary

[redacted]

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LESLIE P GORDON

[redacted]

## Details of Investment Activity 2000

*This section shows your purchases, sales, dividend reinvestments and certain other activity of securities during the year. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.*

| Reference number | Transaction Description | Transaction | Trade Date | Quantity | Price | Amount |
|---|---|---|---|---|---|---|
| 120000100 | AT&T CORP | Bought | 09/13/00 | 40 | $ 30.326 | $ -1,213.04 |
| 120000200 | AT&T CORP | Bought | 10/13/00 | 10 | 24.50 | -245.00 |
| 120000300 | AT&T CORP | Sold | 10/26/00 | 20 | 21.841 | 436.82 a |
| 120000400 | ABBOTT LABORATORIES | Bought | 09/15/00 | 30 | 43.567 | -1,307.02 |
| 120000500 | ALCOA INC | Bought | 09/13/00 | 50 | 30.067 | -1,503.37 |
| 120000600 | ALCOA INC | Bought | 09/20/00 | 10 | 25.015 | -250.15 |
| 120000700 | ALLSTATE CORP | Bought | 10/04/00 | 40 | 34.583 | -1,383.36 |
| 120000800 | ALLTEL CORP DELAWARE | Bought | 09/11/00 | 20 | 53.299 | -1,065.98 |
| 120000900 | AMERICAN HOME PRODUCTS CORP | Bought | 08/31/00 | 20 | 55.27 | -1,105.40 |
| 120001000 | AMER INTERNATIONAL GROUP INC | Bought | 08/29/00 | 15 | 85.795 | -1,286.94 |
| 120001100 | APPLIED MATERIALS INC DELAWARE | Bought | 11/14/00 | 20 | 42.437 | -848.74 |
| 120001200 | ARCHER-DANIELS-MIDLAND CO | Bought | 09/08/00 | 150 | 8.75 | -1,312.50 |
| 120001300 | AVAYA INC | Bought | 10/31/00 | 20 | 12.873 | -257.46 |
| 120001400 | BANK ONE CORP COM | Bought | 12/07/00 | 30 | 34.405 | -1,032.16 |
| 120001500 | BANK ONE CORP COM | Bought | 12/14/00 | 10 | 33.184 | -331.85 |
| 120001600 | BURLINGTON RES INC | Bought | 09/05/00 | 30 | 39.002 | -1,170.07 |
| 120001700 | BURLINGTON RES INC | Bought | 09/22/00 | 10 | 35.176 | -351.76 |
| 120001800 | CNF TRANSPORTATION INC | Bought | 08/30/00 | 17 | 24.729 | -420.41 |
| 120001900 | CNF TRANSPORTATION INC | Bought | 08/31/00 | 20 | 24.948 | -498.97 |
| 120002000 | CNF TRANSPORTATION INC | Bought | 09/25/00 | 10 | 22.241 | -222.42 |
| 120002100 | CABLE & WIRELESS PLC SPONSORED ADR | Bought | 09/13/00 | 20 | 47.147 | -942.95 |
| 120002200 | CABLE & WIRELESS PLC SPONSORED ADR | Bought | 10/16/00 | 10 | 38.966 | -389.67 |
| 120002300 | CARNIVAL CORP | Bought | 08/31/00 | 50 | 20.033 | -1,001.68 |
| 120002400 | CENTEX CORP | Bought | 09/18/00 | 40 | 29.73 | -1,189.22 |
| 120002500 | CLAYTON HOMES INC | Bought | 08/29/00 | 110 | 9.678 | -1,064.62 |
| 120002600 | COUNTRYWIDE CREDIT INDS INC DE | Bought | 08/29/00 | 30 | 37.472 | -1,124.16 |
| 120002700 | COUNTRYWIDE CREDIT INDS INC DE | Bought | 11/01/00 | 10 | 37.404 | -374.05 |
| [redacted] | [redacted]ICAL CO | Bought | 09/12/00 | 50 | 25.429 | -1,271.46 |

2000 YEAR END SUMMARY

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# Client Statement
# 2000 Year End Summary

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***LESLIE P GORDON***

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## Details of Investment Activity 2000 - *continued*

| Reference number | Transaction Description | Transaction | Trade Date | Quantity | Price | Amount |
|---|---|---|---|---|---|---|
| 120002900 | EASTMAN KODAK CO | Bought | 09/05/00 | 20 | $ 63.218 | $ -1,264.37 |
| 120003000 | EASTMAN KODAK CO | Sold | 12/12/00 | -20 | 41.403 | 828.03 a |
| 120003100 | EMERSON ELECTRIC CO | Bought | 09/06/00 | 10 | 69.298 | -692.98 |
| 120003200 | EMERSON ELECTRIC CO | Bought | 09/18/00 | 5 | 62.535 | -312.68 |
| 120003300 | ENGELHARD CORP | Bought | 09/12/00 | 70 | 18.25 | -1,277.50 |
| 120003400 | ENGELHARD CORP | Bought | 09/21/00 | 4 | 15.88 | -63.52 |
| 120003500 | ENGELHARD CORP | Bought | 09/22/00 | 10 | 16.355 | -163.56 |
| 120003600 | FOX ENTERTAINMENT GROUP INC CLASS A | Bought | 09/13/00 | 40 | 29.403 | -1,176.12 |
| 120003700 | FOX ENTERTAINMENT GROUP INC CLASS A | Bought | 10/05/00 | 4 | 23.711 | -94.85 |
| 120003800 | FOX ENTERTAINMENT GROUP INC CLASS A | Bought | 10/06/00 | 10 | 23.815 | -238.16 |
| 120003900 | FOX ENTERTAINMENT GROUP INC CLASS A | Bought | 11/08/00 | 10 | 21.021 | -210.22 |
| 120004000 | GEORGIA PACIFIC CORP | Bought | 09/12/00 | 50 | 27.214 | -1,360.71 |
| 120004100 | GEORGIA PACIFIC CORP | Bought | 09/25/00 | 10 | 22.794 | -227.94 |
| 120004200 | HASBRO INC | Bought | 09/15/00 | 40 | 11.247 | -449.90 |
| 120004300 | HASBRO INC | Bought | 10/31/00 | 10 | 10.75 | -107.50 |
| 120004400 | HONEYWELL INTL INC | Bought | 08/30/00 | 30 | 39.932 | -1,197.96 |
| 120004500 | HONEYWELL INTL INC | Bought | 09/19/00 | 10 | 35.281 | -352.81 |
| 120004600 | INTEL CORP | Bought | 09/07/00 | 15 | 66.736 | -1,001.05 |
| 120004700 | INTEL CORP | Bought | 10/10/00 | 20 | 37.922 | -758.44 |
| 120004800 | ISI LOGIC CORP | Bought | 10/10/00 | 40 | 26.023 | -1,040.96 |
| 120004900 | LUCENT TECHNOLOGIES INC | Bought | 10/10/00 | 30 | 31.806 | -954.19 |
| 120005000 | LUCENT TECHNOLOGIES INC | Bought | 10/11/00 | 40 | 21.755 | -870.22 |
| 120005100 | LUCENT TECHNOLOGIES INC | Bought | 11/17/00 | 10 | 21.049 | -210.50 |
| 120005200 | LUCENT TECHNOLOGIES INC | Bought | 11/22/00 | 10 | 18.077 | -180.77 |
| 120005300 | LUCENT TECHNOLOGIES INC | Bought | 12/05/00 | 10 | 16.833 | -168.33 |
| 120005400 | MATTEL INC DE | Bought | 08/28/00 | [redacted] | | |
| 120005500 | MERCK & CO INC | Bought | 08/30/00 | 20 | 71.193 | -1,423.86 |
| 120005600 | MICRON TECHNOLOGY INC | Bought | 11/14/00 | 30 | 33.311 | -999.36 |
| 120005700 | MOTOROLA INC DE | Bought | 09/11/00 | 40 | 33.50 | -1,340.00 |

2000 - YEAR END SUMMARY

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# Client Statement
## 2000 Year End Summary

*LESLIE P GORDON*

## Details of Investment Activity 2000 - *continued*

| Reference number | Transaction Description | Transaction | Trade Date | Quantity | Price | Amount |
|---|---|---|---|---|---|---|
| 120006800 | MOTOROLA INC DE | Bought | 10/10/00 | 10 | $ 26.573 | $ -265.74 |
| 120006900 | MOTOROLA INC DE | Bought | 10/11/00 | 20 | 22.612 | -452.25 |
| 120006000 | MOTOROLA INC DE | Bought | 12/05/00 | 10 | 19.548 | -195.49 |
| 120006100 | PEPSICO INC | Bought | 09/01/00 | 30 | 42.388 | -1,271.66 |
| 120006200 | PHARMACIA CORP | Bought | 09/01/00 | 20 | 58.50 | -1,170.00 |
| 120006300 | ROUSE CO | Bought | 09/01/00 | 50 | 24.272 | -1,213.62 |
| 120006400 | SIMON PPTY GROUP INC NEW | Bought | 09/22/00 | 60 | 23.00 | -1,380.00 |
| 120006500 | SPIEKER PPTYS INC | Bought | 08/08/00 | 20 | 57.375 | -1,147.50 |
| 120006600 | TEXACO INC | Bought | 09/05/00 | 20 | 51.812 | -1,036.25 |
| 120006700 | TEXAS INSTRUMENTS INC | Bought | 09/07/00 | 20 | 63.187 | -1,263.74 |
| 120006800 | TEXAS INSTRUMENTS INC | Bought | 10/10/00 | 10 | 42.985 | -429.95 |
| 120006900 | TOSCO CORPORATION NEW | Bought | 08/31/00 | 30 | 30.625 | -918.75 |
| 120007000 | TOSCO CORPORATION NEW | Bought | 10/25/00 | 10 | 27.588 | -275.88 |
| 120007100 | U S TREASURY NOTES SER G 2007 DTD 2/15/1997 DUE 02/15/2007 RATE 6.250 | Bought | 08/31/00 | 10,000 | 101.453 | -10,174.18 |
| 120007200 | U S TREASURY NOTES SER C 2008 DTD 5/15/1998 DUE 05/15/2008 RATE 5.625 | Bought | 08/31/00 | 15,000 | 98.093 | -14,963.98 |
| 120007300 | VARIAN SEMICONDUCTOR EQUIPMENT ASSOCS INC | Bought | 10/10/00 | 19 | 31.352 | -595.70 |
| 120007400 | VARIAN SEMICONDUCTOR EQUIPMENT ASSOCS INC | Bought | 10/11/00 | 10 | 34.519 | -345.20 |
| 120007500 | VARIAN SEMICONDUCTOR EQUIPMENT ASSOCS INC | Bought | 11/08/00 | 10 | 24.409 | -244.09 |
| 120007600 | VARIAN SEMICONDUCTOR EQUIPMENT ASSOCS INC | Bought | 12/05/00 | 10 | 20.707 | -207.07 |
| 120007700 | WAL-MART STORES INC | Bought | 09/05/00 | 30 | 50.00 | -1,500.00 |
| 120007800 | WEYERHAEUSER CO | Bought | 09/11/00 | 30 | 44.155 | -1,324.65 |
| 120007900 | WORLDCOM INC GA-NEW | Bought | 10/26/00 | 40 | 22.129 | -885.20 |

2000 YEAR END SUMMARY

SALOMON SMITH BARNEY
A member of citigroup

[redacted]

# Client Statement
# 2000 Year End Summary



*LESLIE P GORDON*

[redacted]

## Details of Investment Activity 2000 - *continued*

| Reference number | Transaction Description | Transaction | Trade Date | Quantity | Price | Amount |
|---|---|---|---|---|---|---|
| 120008000 | WORLDCOM INC GA-NEW | Bought | 11/02/00 | 30 | $ 18.744 | $ -562.34 |
| 120008100 | WORLDCOM INC GA-NEW | Bought | 11/27/00 | 10 | 16.193 | -161.93 |
| **Total securities bought and other subtractions** | | | | | | **$ -84,239.74** |
| **Total securities sold and other additions** | | | | | | **$ 1,264.85** |

[a] *This amount reported to the IRS on Form 1099-B.*

## Details of Accrued Income 2000

*This section shows your accrued income paid or received as a result of purchases and sales.*

| Reference number | Transaction Description | Trade Date | Interest Paid | Interest Received |
|---|---|---|---|---|
| 120007100 | U S TREASURY NOTES SER G 2007<br>DTD 2/15/1997<br>DUE 02/15/2007 RATE 6.250 | 08/31/00 | $ 28.87 | |
| 120007200 | U S TREASURY NOTES SER C 2008<br>DTD 5/15/1998<br>DUE 05/15/2008 RATE 5.625 | 08/31/00 | 249.92 | |
| **Total** | | | **$ 278.79** | |

[redacted]

[redacted]

Recipient's Identification Number: [redacted]

A/C G

**Recipient's Name and Address:**

LESLIE B PEYTON
---ACCOUNT CLOSED---

2000

YOUR TAX INFORMATION STATEMENT

TRANSACTIONS WE DO NOT REPORT TO THE IRS

## SECURITIES PURCHASED

| Description | CUSIP | Trade/Process Date | Quantity | Net Cost | Accrued Interest Purchased Amount | Accrued Interest Purchased Security Type |
|---|---|---|---|---|---|---|
| AES CORP | 00130H105 | 03/03/2000 | 100 | 8,825.00 | | |
| ENRON CORP | 293561106 | 03/03/2000 | 100 | 6,881.25 | | |
| EVENTURES GROUP INC *N/C* EFF 12/11/00 NOVO NETWORKS INC CU# 670099100 | 29975R100 | 03/03/2000 | 100 | 3,275.00 | | |
| INTERLIANT INC COM | 458742103 | 03/03/2000 | 100 | 4,306.25 | | |
| SIEBEL SYS INC COM | 826170102 | 03/03/2000 | 100 | 14,412.50 | | |
| WAVECOM S A SPONSORED ADR | 943531103 | 03/03/2000 | 50 | 7,625.00 | | |
| WILLIAMS COMM INC COM | 969455104 | 03/03/2000 | 100 | 5,418.75 | | |
| **Total** | | | | **50,743.75** | **.00** | |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 2:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

15

PORTER J. GOSS
(Full Name)

P.O. BOX 248
(Mailing Address)

SANIBEL, FLORIDA 33957

Daytime Telephone: 202 225 2536

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives | State: FLORIDA District: 14 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ No ☒ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☒ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☒ No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☒ No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☒ No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☒ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Porter Goss | 5/15/2001 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: KORTER J. GOSS



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A Asset and/or Income Source | Block B Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | Block C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example; Partnership Income or Farm Income) | Block D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: SP Mega Corp. Stock | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | Examples: Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | Examples: 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| SP | BERKSHIRE LIFE INS | X | | | | | | | | | | | | | | | | | | ANNUITY | | | X | | | | | | | | | |
| SP | NATIONAL LIFE OF VERMONT | X | | | | | | | | | | | | | | | | | | ANNUITY | | | | X | | | | | | | | |
| | LINCOLN NATIONAL LIFE INS | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | FISHERS ISLAND VIGNY (STOCK) | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| JT | COMMUNITY BANK OF ISLANDS (CHECK ACCTS) | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | FISHERS ISL DEVCO (STOCK) | | | | X | | | | | | | | | | | | | | | NONE | X | | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PORTER J. GOSS

Page 3 of 15

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | FIFTH THIRD BANK (ACCT) | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| JT | FIFTH THIRD BANK (STOCK) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| SP | CHARLES OLIVER TRUST (PARTIAL INCOME) | | | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | | |
| JT | RETREAT FARM PRODUCE CO LLC | | | | | | | | | | | | | | | | | | | FARM PROD & GRAZING FEES | | | | | | X | | | | | | E |
| | (WAS FARM LAND FAIRFAX VA) | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| JT | BANK OF AMERICA (CHECK ACCT) | X | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | CLOSED ACCT |
| JT | LEE COUNTY ELEC COOP | | | | X | | | | | | | | | | | | | | | EQUITY & DIVIDEND | X | | | | | | | | | | | |
| JT | AT&T CORP (STOCK) | | | | X | | | | | | | | | X | | | | X | | | | | | | | | X | | | | | P-S |
| SP | ABBOTT LABORATORIES (STOCK) | | | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | |
| SP | AIR PROD & CHEMICALS (STOCK) | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | |
| SP | ALUMINUM CO OF AMER (STOCK) | | | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | |
| SP | AMERICAN HOME PROD (STOCK) | | | | | | | | | X | | | | X | | | | | | | | | | | | | X | | | | | |
| SP | AMERICAN INT. GRP (STOCK) | | | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | |
| | AUTO DATA PROCESSING (STOCK) | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | AVAYA INC (STOCK) | | X | X | | | | | | | | | | X | | | X | | | | X | | X | | | | | | | | | LUCENT SPIN OFF (P) PARTIAL SALE |
| | AGILENT TECH (IPO) | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |
| SP | BP AMOCO (WAS ATL RICHFIELD) (STOCK) | | | | X | | X | | | | | | | X | | | | | | | | | | | X | | | | | | | MERGED |
| SP | BANK OF AMERICA (STOCK) | | | | | | | X | | | | | | X | | | | | | | | | | | | | X | | | | | |
| SP | BANCONE CORP (STOCK) | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | VERIZON (WAS BELL ATLANTIC) (STOCK) | | | | | | X | X | | | | | | X | | | X | | | | | | | | X | | | X | | | S (PARTIAL) |
| SP | BELL SOUTH (STOCK) | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | BEST FOODS (STOCK) | X | | | | | | | | | | | | X | | | X | | | | | | | | | | | | X | | | MANDATORY MERGER (S) |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PORTER J. GOSS



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENTS | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | BLACKROCK FUNDS (INV FUND) | | | | | | | | X | | | | | X | | X | | X | | | | | | | | | X | | | | | | P, S, E |
| SP | BRISTOL MYERS SQUIBB (STOCK) | | | | | | | | X | | | | | X | | | | | | | | | | | | | X | | | | | | |
| SP | BUCKS COUNTY PA CONV COL (BOND) | X | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | S |
| SP | BURLINGTON NORTH SANTA FE (STOCK) | | | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | | | |
| SP | BURLINGTON RESOURCES (STOCK) | | | | | | | X | | | | | | X | | | | | | | | | | | | | | | | | | | |
| | CARNIVAL CRUISE LINES (STOCK) | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| SP | CHEVRON CORP (STOCK) | | | | | | | | | | | | | X | | | | | | | | | | | | X | | | | | | | |
| SP | CISCO SYSTEMS (STOCK) | | | | | X | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | P, S (PARTIAL) |
| SP | CLARION PA SCH DIST (BOND) | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| SP | COCA COLA (STOCK) | | | | | | X | | | | | | | X | | | X | | | | | | | | | | X | | | | | | PARTIAL S |
| SP | COLGATE PRODUCTS INT (STOCK) | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| | CORNING INC (STOCK) | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | MFAM INT FUND (WAS DF PA FUND) | | | | | | X | | | | | | | X | | | X | | | | | | | X | | | | | | | | | |
| SP | MFAM MIDCAP FUND (WAS INT SPECIAL STOCK) | | | | | | | X | | | | | | X | | | | | | | X | | | | | | | | | | | | |
| SP | MFAM INTERMED FUND (WAS DF PA BOND) | | | | | | | | X | | | | | X | | | X | | | | | | | | | | | | | | | | |
| SP | DPL, INC (STOCK) | | | | | X | | | | | | | | X | | | X | | | | | | | X | | | X | | | | | | S PARTIAL |
| SP | DISNEY, WALT (STOCK) | | | | | | | X | | | | | | X | | | X | | | | | | | | | | X | | | | | | S (PARTIAL) |
| SP | DOW CHEMICAL CO (STOCK) | | | | | | | | X | | | | | X | | | X | | | | | | | | | X | X | | | | | | |
| SP | DU PONT CO (STOCK) | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | | |
| SP | EASTMAN KODAK CO (STOCK) | X | | | | | | | | | | | | X | | | X | | | | | | | | | | X | | | | | | S |
| SP | EASTON PA REDEV EDIC (BOND) | | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | EL PASO ENERGY CORP (STOCK) | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Porter J. Goss

Page 5 of 15

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: None | A $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | L | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAIN | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | ELECTRONIC DATA SYS CO (STOCK) | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| SP | EMERSON ELECTRIC (STOCK) | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | | | | |
| | EXXON CORP (STOCK) | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| SP | FPL GROUP INC (STOCK) | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | | |
| SP | FEDNAT MTG ASSOC INC (STOCK) | | | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| | FLEET BOSTON FINANCIAL CORP (STOCK) | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| | GALLAHER GRP INC (STOCK) | X | | | | | | | | | | | | X | | | | X | | | | | | | | X | | | | | | | S |
| JT | GENERAL ELECTRIC (STOCK) | | | | | | | | X | | | | | X | | | | X | | | | | | | | | | X | | | | | S (PARTIAL) |
| | GENERAL MOTORS (STOCK) | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| SP | GEORGIA PACIFIC (STOCK) | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| SP | GILLETTE CO (STOCK) | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | | |
| JT | HJ HEINZ CO (STOCK) | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | | | |
| | HEWLETT PACKARD CO (STOCK) | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| SP | HOME DEPOT INC (STOCK) | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | | | |
| | HUBBELL INT, INC (STOCK) | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | INTEL CORP (STOCK) | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | | P |
| SP | ILLINOIS BDK FIN (BOND) | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | P |
| SP | HONEYWELL INT, INC (STOCK) | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| SP | ILLINOIS TOOL WORKS, INC (STOCK) | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | |
| JT | IBM CORP (STOCK) | | | | | | | | X | | | | | X | | | | X | | | | | | | | X | | | | | | | S (PARTIAL) |
| SP | JOHNSON & JOHNSON (STOCK) | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | | |
| SP | KEYSTONE OAKS SCH DIST (BOND) | | | X | | | | | | | | | | X | | X | | X | | | | | | | X | | | | | | | | PARTIAL (S) |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Porter J. Goss

Page 6 of 16

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | RYALTIES | EXCEPTED TRUST | EXCEPTED BUSINESS TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Lackawanna County PA HSG (Bond) | | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| SP | Lifeline Systems Inc (Stock) | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| SP | Lubrizol Corp (Stock) | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| SP | Lower Moreland Twnsp Auth (Bond) | X | | | | | | | | | | | | | | X | | X | | | | | | | X | | | | | | | CALLED (S) |
| SP | Lucent Technologies (Stock) | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| SP | May Department Stores (Stock) | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| SP | Media One Group (Bell Atlantic) | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | CALLED & PLANNED CALLED |
| SP | Merck + Co (Stock) | | | | | | | | | X | | | | X | | | | X | | | | | | | | | X | | | | | PARTIAL SALE |
| SP | Microsoft (Stock) | | | | | | | X | | | | | | X | | | | X | | | X | | | | | | | | | | | P&S PARTIAL |
| SP | Millcreek Twnsp Sewr Auth (Bond) | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | Millipore Corp (Stock) | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Mont Mining Mtg Inc (Stock) | | | | | | | | | X | | | | X | | | | [redacted] | | | | | | | | | X | | | | | [redacted] |
| SP | Montgomery County PA (Bond) | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| SP | Motorola Inc (Stock) | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Norfolk Southern (Stock) | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| SP | Oracle Corp (Stock) | | | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | | P + GIFT TO CHILDREN |
| SP | Overriding Royalty Oil Lease, LA | | | | | X | | | | | | | | | | | | | | VOLUNTARY | | | | | | | | | | | | |
| SP | Pac Fin Serv Grp (Stock) | | | | | | | | | X | | | | X | | | | | | | | | | | | | X | | | | | |
| SP | PPG Industries (Stock) | | | | | | | | | X | | | | X | | | | | | | | | | | | | X | | | | | |
| SP | Pennsylvania Sch Dist (Bond) | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Pennsylvania St (S) (Bond) | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Progress Energy Grp (NAME CHANGE PROGRESS ENERGY CORP) | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | MERGER |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Porter J. Goss

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| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT/ROYALTIES | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | PEPSICO (STOCK) | | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | |
| SP | PHILLIP MORRIS CO INC (STOCK) | | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | | |
| SP | PROCTER GAMBLE CO (STOCK) | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | |
| SP | QWEST (WAS U.S. WEST) STOCK | | | | | | X | | | | | | X | | | | | | | X | | | | | | | | | | | MANDATORY REDEMPTION |
| SP | PROVIDIAN CORP (STOCK) | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | ROYAL DUTCH PETE CO (STOCK) | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | SBC COMMO INC (STOCK) | | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | | |
| SP | SARA LEE CORP (STOCK) | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | SCHLUMBERGER LTD (STOCK) | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | SEATTLE WASH SER A (BOND) | | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | |
| SP | STEAM CENTRAL PA SCH (BOND) | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | TRW (STOCK) | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | TRICON GLOBAL RESTAURANTS (STOCK) | | | X | | | | | | | | | X | | | | | | | O | | | | | | | | | | | |
| SP | UPPER ST. CLAIR TWP PA SCH (BOND) | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | TYCO INT LTD (STOCK) | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | WALMART STORES (STOCK) | | | | | | | | X | | | | X | | | X | | | | | | | | | X | | | | | | S (PARTIAL) |
| SP | VODAFONE GRP PLC (STOCK) | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | FEDERATED FL | | | | | | X | | | | | | | | | | | | CASH MGMT ACCOUNT | X | | | | | | | | | | | P & S |
| SP | TRANS OCEAN SEDCO FOREX INC (STOCK) | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | SPIN OFF FROM TRANSOCEAN |
| SP | DF INVESTMENT FUND | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | U.C. ROBINSON FAMILY TRUST (PARTIAL BENEFICIARY) | | | | | | | | X | | | | X | | | | | | | X | | | | | | | | | | | |
| SP | SIN MICROSYSTEMS (STOCK) | X | | | | | | | | | | | X | | | X | | | (LOSS) | X | | | | | | | | | | | P & S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PORTER J. GOSS

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| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1,000 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | BLOCK TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1,000 – $2,500 | III $2,501 – $5,000 | IV $5,001 – $15,000 | V $15,001 – $50,000 | VI $50,001 – $100,000 | VII $100,001 – $1,000,000 | VIII $1,000,001 – $5,000,000 | IX $5,000,001 – $25,000,000 | X $25,000,001 – $50,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | WORLDCOM (STOCK) | X | | | | | | | | | | | X | | | | | | (LOSS) | X | | | | | | | | | | | P+S |
| SP | XEROX (STOCK) | X | | | | | | | | | | | X | | | | X | | (LOSS) | X | | | | | | | | | | | S |
| SP | FIRST UNION (STOCK) | X | | | | | | | | | | | X | | | | X | | | | | | | X | | | | | | | S |
| SP | AT DOUGLAS (STOCK) | X | | | | | | | | | | | X | | | | X | | | | | | | X | | | | | | | S |
| SP | BROWARD COUNTY FL (TD BOND) | | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| SP | WEST GOSHEN SWR (BOND) | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| JT | FIGHERS ISLAND NY (HOUSEHOLD REAL PROPERTY) | | | | | | | X | | | | | | | | | | | NONE | X | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name PORTER J. GOSS

Page 1 of 15

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| SP | WALMART STORES | | X | | 1/7/00 | | | | | | | | | | |
| SP | FED FUND / MUNI TRUST | | | | 1/31/00 | | | | | | | | | | |
| SP | " " " " | | X | | 2/29/00 | | | | | | | | | | |
| SP | GALLAHER GROUP PLC | | X | | 3/1/00 | | | | | | | | | | |
| SP | FED FUND / MUNI TRUST | | | | 3/31/00 | | X | | | | | | | | |
| SP | EASTMAN KODAK | | X | | 4/17/00 | | X | | | | | | | | |
| SP | IBM | | X | | 4/17/00 | | | | | | | | | | |
| SP | FED FUND / MUNI TRUST | | X | | 4/30/00 | | | | | | | | | | |
| SP | FED FUND / MUNI TRUST | | X | | 5/31/00 | | X | | | | | | | | |
| SP | WALMART STORES | | X | | 6/12/00 | | X | | | | | | | | |
| SP | FED FUND / MUNI TRUST | | X | | 6/30/00 | | | | | | | | | | |
| SP | COCA COLA | | X | | 7/5/00 | | X | | | | | | | | |
| SP | DISNEY, WALT CO | | X | | 7/5/00 | | | | | | | | | | |
| SP | MERCK & CO | | X | | 7/5/00 | | | | | | | | | | |
| SP | MEDIAONE GROUP | | | | 7/31/00 | | X | | | | | | | | |
| SP | US WEST (MERGED TO QWEST) | | | | 8/3/00 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Porter J. Goss

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | FED FUND/MUNI TRUST | | | | 7/31/00 | | | | | | | | | | |
| SP | AT&T CORP | | X | | 8/11/00 | | | | | | | | | | |
| SP | VERIZON COMMO INC | | X | | 8/1/00 | | | | | | | | | | |
| SP | FED FUND/MUNI TRUST | X | | | 8/31/00 | | | | X | | | | | | |
| SP | FED FUND/MUNI TRUST | | X | | 9/30/00 | | | | | | | | | | |
| SP | FED FUND/MUNI TRUST | | X | | 10/31/00 | | X | | | | | | | | |
| SP | FED FUND/MUNI TRUST | | X | | 11/30/00 | | X | | | | | | | | |
| SP | FED FUND/MUNI TRUST | | X | | 12/29/00 | | X | | | | | | | | |
| SP | TRANSOCEAN SEDCO FOREX INC (SCHLUMBERGER SPINOFF) | | | X | 1/10/00 | | | | | | | | | | |
| SP | CISCO SYSTEMS | | X | | 4/11/00 | | X | | | | | | | | |
| SP | " " | | X | | 8/4/00 | | | | | | | | | | |
| SP | BEST FOODS (MANDATORY MERGER) | | | X | 10/5/00 | | | | X | | | | | | |
| SP | ILLINOIS EDL FACS AUTH REVS | X | | | 11/2/00 | | | | | | | | | | |
| SP | COCA COLA | | X | | 1/14/00 | | | | | | | | | | |
| SP | BLACKROCK FUND SELECT EQUITY | | | | 11/16/00 | | X | | | | | | | | |
| SP | BLACKROCK FUND SELECT EQUITY | | X | | 12/20/00 | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name PORTER J. GOSS



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H1 $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | GENERAL ELECTRIC | | X | | 8/4/00 | | | | | | | | | | |
| SP | BLACKROCK FUND SELECT EQUITY | X | | | 11/16/00 | | X | | | | | | | | |
| SP | BLACKROCK FUND SELECT EQUITY | | X | | 12/20/00 | | | | | | | | | | |
| SP | GEN ELECTRIC | | X | | 2/9/00 | | | | | | | | | | |
| SP | GEN ELECTRIC | | X | | 4/14/00 | | X | | | | | | | | |
| SP | BLACKROCK FUNDS PA TAX FREE | | | | 6/15/00 | | X | | | | | | | | |
| SP | BUCKS COUNTY PA COUNTY COL AUTH (DUE) | | X | | 6/15/00 | | X | | | | | | | | |
| SP | KEYSTONE OAKS PA SCH AUTH PARTIAL CALL | | X | | 6/15/00 | | | | | | | | | | |
| SP | AT&T | | | | 6/19/00 | | | | | | | | | | |
| SP | MICROSOFT | | | | 6/19/00 | | | | | | | | | | |
| SP | LOWER MORELAND TWNSHIP AUTH (CALLED) | | | | 10/2/00 | | | | | | | | | | |
| SP | BEST FOODS MANDATORY MERGER | | X | | 10/5/00 | | | | X | | | | | | |
| SP | AT&T | | X | | 10/12/00 | | X | | | | | | | | |
| SP | CISCO SYSTEMS | | | | 10/12/00 | | X | | | | | | | | |
| SP | INTEL CORP | | | | 10/12/00 | | X | | | | | | | | |
| SP | MICROSOFT CORP | | X | | 10/12/00 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Porter J. Goss | Page 12 of 15

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,000-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H1 $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10-12-00 | | X | | | | | | | | |
| SP | SUN MICROSYSTEMS INC | | | | 10/12/00 | | X | | | | | | | | |
| SP | WORLDCOM INC | | | | 10/12/00 | | X | | | | | | | | |
| SP | ILLINOIS FINC FAC AUTH | X | | | 11/4/00 | | | | | | | | | | |
| SP | SUN MICROSYSTEMS INC | | | | 12/4/00 | | X | | | | | | | | |
| SP | WORLDCOM INC | | X | | 12/4/00 | X | | | | | | | | | |
| SP | KEYSTONE OAKS PA SCH AUTH PREPAY CALL | | X | | 12/15/00 | X | | | | | | | | | |
| SP | CISCO SYSTEMS INC | | X | | 12/26/00 | X | | | | | | | | | |
| SP | INTEL CORP | | | | 12/26/00 | | X | | | | | | | | |
| SP | ORACLE CORP | X | | | 12/26/00 | | X | | | | | | | | |
| SP | SUN MICROSYSTEMS | | X | | 12/26/00 | | X | | | | | | | | |
| JT | FARMLAND PARTNERS LP CONVERTED TO RESTREAT FARM PROPERTIES, LLC | | | X | 12/1/00 | | | | | | | | | | |
| | AGILENT TECH IPO | X | | | UNK | | | | | | | | | | |
| SP | XEROX CORP | | X | | 12/8/00 | X | | | | | | | | | |
| SP | AT&T | | X | | 12/5/00 | X | | | | | | | | | |
| SP | AVAYA | | X | | 12/8/00 | | | | | | | | | | |
| SP | FIRST UNION CORP | | X | | 12/5/00 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name PORTER J. GOSS | Page 13 of 15

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: A $1,000-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,000-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10-12-00 | | X | | | | | | | | |
| SP | DPL INC | | X | | 12/13/00 | | | X | | | | | | | |
| SP | MC DONALDS CORP | | X | | 12/13/00 | | X | | | | | | | | |
| SP | FLORIDA PROGRESS MERGED TO PROGRESS ENERGY | | X | X | 12/15/00 | | X | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | HARRIS CORP (FLORIDA) | NOON TO 7PM 8/7/00 | FT MYERS TO DELRAY TO FT MYERS | N | Y | N | N |

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## SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

| Position | Organization |
|---|---|
| Board of Governors (UNCOMPENSATED) | Capitol Hill Club |

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U.S. HOUSE OF REPRESENTATIVES

1662

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A — For use by Members, officers, and employees



Lindsey Olin Graham
(Full Name)

1429 Longworth HOB Washington, DC 20515
(Mailing Address)

202 225 5301
Daytime Telephone

| Filer Status | | | |
|---|---|---|---|
| | ☑ Member of the U.S. House of Representatives | State: SC District: 03 | ☐ Officer Or Employee — Employing Office: |
| Report Type | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

A $200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☐ No ☑ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☐ No ☑ | | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| Trusts-- | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Lindsey Graham | 5/15/01 |

# SCHEDULE III - ASSETS AND "UN

Na Lindsey Olin Graham



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Putnam New Opportunities Fund | $1,001 - $15,000 | Dividends | $1,001 - $2,500 | |
| | Mass Mutual Life (SEP-IRA) | $15,001 - $50,000 | INTEREST | $1 - $200 | |
| | Goldman Sachs Trust MF | $1,001 - $15,000 | Dividends | $201 - $1,000 | S |
| | Pioneer Small Company MF | $15,001 - $50,000 | CAPITAL GAINS | $201 - $1,000 | |
| | Putnam Health Sciences MF | $1,001 - $15,000 | CAPITAL GAINS | $201 - $1,000 | |
| | MFS Emerging Growth MF | $15,001 - $50,000 | CAPITAL GAINS | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UN

Na Lindsey Olin Graham



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| Compaq Computer Corp | $1,001 - $15,000 | Dividends | $1 - $200 | S |
| DLR Gen Strypes | $1,001 - $15,000 | Dividends | $1 - $200 | S |
| Edgewater Tech, Inc. name was changed from Staffmark, Inc | $1 - $1,000 | Dividends | $1 - $200 | name change |
| Zweig Total Return Fund | $1,001 - $15,000 | Dividends | $1 - $200 | |
| Live Oak Gen. MMF | $1 - $1,000 | Interest | $1 - $200 | |
| Mass. Investor Trust CL A | $15,001 - $50,000 | Capital Gains and Dividends | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "UN

Na Lindsey Olin Graham



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | VK Emerging Growth Fund | $1,001 - $15,000 | Capital Gains | $201 - $1,000 | |
| | First Union Bank (checking/savings) | $15,001 - $50,000 | Interest | $1 - $200 | |
| | Wright Patman Cong. Fed. Credit Union (checking/savings) | $1,001 - $15,000 | Interest | $1 - $200 | |
| | Charles Schwab One Account | $1,001 - $15,000 | Interest | $1 - $200 | |
| | Loan receivable from "Committee to Elect Lindsey Graham" | None | none | NONE | The loan has been paid in full To Lindsey Graham. |

# SCHEDULE III - ASSETS AND "UN

Na Lindsey Olin Graham



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Property at Cross Creek Plantation (undeveloped) --lot #9, block B--Seneca, SC | $15,001 - $50,000 | NONE | NONE | |
| | Goldman Sachs Trust--Cap Growth FD CL B SHS | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| | Pimco Innovation Fund-CL C | $1 - $1,000 | DIVIDENDS | $1 - $200 | P |
| | SunAmerica Style Select Ser Focused Growth Portf CL II | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| | UIT Van Kampen Focus | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |

# SCHEDULE IV - TRANSACTIONS

Na Lindsey Olin Graham



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Goldman Sachs Trust--Cap Growth FD CL B SHS | P | 4-11-00 | $1,001 - $15,000 |
| | Pimco Innovation Fund-CL C | P | 2-18-00 | $1,001 - $15,000 |
| | SunAmerica Style Select Ser Focused Growth Portf CL II | P | 2-15-00 | $1,001 - $15,000 |
| | UIT Van Kampen Focus | P | 9-15-00 | $1,001 - $15,000 |
| | Goldman Sachs Trust Growth & Income Fund CL B SHS | S | 4-11-00 | $1,001 - $15,000 |
| | Compac Computer Corp. | S | 2-28-00 | $1,001 - $15,000 |
| | DLR Gen Strypes | S | 9-8-00 | $1,001 - $15,000 |

# SCHEDULE VII - TRAVEL PAYMENTS A

Na Lindsey Olin Graham



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Quail Unlimited | Feb.3-5 | Charleston, SC--Atlanta--Albany, Ga--GSP | Y | Y | N | n/a |
| Jefferson County Republican Party (Alabama) | May 5-7 | GSP--Atlanta--Birmingham, AL--Cincy, OH--Washington | Y | Y | N | n/a |
| Kitchen Cabinet Manufacturing Association | May 21-22 | GSP--Charlotte--Savannah Jacksonville, Fl--Washington | Y | Y | N | n/a |
| Washington State Republican Party | June 16-19 | Dulles--Seattle--Spokane--Seattle--Dulles | Y | Y | N | n/a |
| Cobb County Republican Party (Georgia) | September 29-30 | Charleston, SC--Marietta, GA--Columbia, SC | Y | Y | N | n/a |

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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



0

N. Kay Granger
(Full Name)

715 Jones Street Fort Worth, TX 76107
(Mailing Address)

202-225-5071
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: TX<br>District: 12 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☑ Annual (May 15) ☐ Amendment ☐ Termination | Termination Date: | |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $280 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $280 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☑ No ☐ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Kay Granger | 6/5/01 |

1669

# SCHEDULE I - EARNED INCOME

Name N. Kay Granger



**List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.**

| Source | Type | Amount |
|---|---|---|
| G & R Insurance Agency, Inc. (formerly Kay Granger Insurance Agency, Inc.), Fort Worth, TX | Policy renewal commissions | $90,873.70 |
| Blue Cross-Blue Shield of Texas | Policy renewal commissions | $14,881.80 |
| General American Life Insurance, St. Louis, MO | Policy renewal commissions | $455.60 |
| Golden Rule Insurance Company, Lawrenceville, IL | Policy renewal commissions | $1,345.92 |
| Jefferson Pilot Life Insurance Company, Greensboro, NC | Policy renewal commissions | $220.92 |

## SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name N. Kay Granger



**List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.**

| Source | Activity | Date | Amount |
|---|---|---|---|
| Lincoln Dinner, Weatherford, TX | Speech | April 8, 2000 | $250 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name N. Kay Granger



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Northwestern mutual Retirement Fund | $15,001 - $50,000 | Dividends | NA | |
| | Granger Real Estate, LLP | $100,001 - $250,000 | NA | NA | |
| | Granger Real Estate Management, LLP | $1,001 - $15,000 | NA | NA | |
| | G&R Insurance Agency | $500,001 - $1,000,000 | NONE | NONE | |
| | 3821, 3823 4th Street, Fort Worth, TX | $100,001 - $250,000 | Capital Gains | $2,501 - $5,000 | S |
| | First National Bank of Texas | $15,001 - $50,000 | NONE | NONE | |

## SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name N. Kay Granger



| | | | | | |
|---|---|---|---|---|---|
| | Jones Street Investments, Inc. | $250,001 - $500,000 | NONE | NONE | |
| | White Oak Growth Stock Fund | $15,001 - $50,000 | Dividends | NONE | Dividends periodically reinvested for all funds |
| | Managers International Equity Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | Dividends periodically reinvested for all funds |
| | Davis New York Venture | $15,001 - $50,000 | Capital Gains and Dividends | $5,001 - $15,000 | Dividends periodically reinvested for all funds |
| | Dreyfus Midcap Index | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | Dividends periodically reinvested for all funds |
| | Royce Total Return Fund | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | Dividends periodically reinvested for all funds |
| | Lord Abbett Development Growth | $1,001 - $15,000 | Capital Gains and Dividends | $201 - $1,000 | Dividends periodically reinvested for all funds |
| | Pace Jones Money Fund | $1,001 - $15,000 | Dividends | $1 - $200 | Dividends periodically reinvested for all funds |
| | Pimco Total Return | $15,001 - $50,000 | Dividends | $201 - $1,000 | Dividends periodically reinvedsted for all funds |
| | Paine Webber Retirment Account:Davis New York Venture; Dreyfus Midcap Index Fund; Lord Abbett Developing Growth Fund; Managers International Equity Fund; Pace Money Market Investment Class P; Pimco Total Return Fund; Royce Total Return Fund; White Oak | $50,001 - $100,000 | Dividends and Interest | $5,001 - $15,000 | Dividends periodically reinvested for all funds |

## SCHEDULE IV - TRANSACTIONS

Name N. Kay Granger



**Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.**

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Pimco Total Return Fund | P | 8/17/00 | $1,001 - $15,000 |
| | 3821, 3823 4th Street, Fort Worth, TX | S | 2/11/00 | $100,001 - $250,000 |

# SCHEDULE V - LIABILITIES

Name N. Kay Granger



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Bank One, Fort Worth, TX | Business loan to Jones Street Investments, Inc. | $500,001 - $1,000,000 |
| | Bank One, Fort Worth, TX | Morgage loan on 4702, 4704, 4706, 4708 Washburn and 1612, 1616 Kenley, Fort Worth, TX | $100,001 - $250,000 |
| | First National Bank of Texas at Eastchase | Home improvement loans | $50,001 - $100,000 |
| | G&R Insurance Agency, Inc. | Personal loan | $50,001 - $100,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name N. Kay Granger



**Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.**

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Association of American Railroads | Jan. 21-23, 2000 | Fort Worth, TX--Palm Springs, CA--Fort Worth, TX | Y | Y | N | NA |
| The Ripon Educational Fund | Nov. 25-Dec.2, 2000 | Fort Worth, TX--Rome, Italy--Fort Worth, TX | Y | Y | N | NA |

## SCHEDULE VIII - POSITIONS

Name N. Kay Granger



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| President | G&R Insurance Agency, Inc., Fort Worth, TX |
| Member of the Board | Longhorn Council of Boy Scouts |
| Member of the Board | First United Methodist Church, Fort Worth, TX |
| Member of the Board of Trustees | Texas Wesleyan University |
| Member of the Development Council | Texas A&M University Business Development Council |
| Member of the Advisory Board | The Oakridge School, Arlington, TX |
| Member of the Board | AIDS Outreach Advisory Board, Fort Worth, TX |
| Member of the Board | Caring for Children Foundation of Texas |
| Member of the Board | Wednesday's Child Benefit Corportation |
| Member of the Advisory Board | Open Arms |
| Member of the Board | Strategy 2000 |
| Member of the Public Policy Board | United Way |

## SCHEDULE VIII - POSITIONS

Name N. Kay Granger



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Member of the Advisory Board | Schola Cantorum |
| Member of the Board | Juvenile Diabetes Foundation of Tarrant County |
| Member of the Board | Horses and America's Youth (HAY) |
| Member of the Advisory Board | Girls Choir |
| Member of the Board Advisory Council | The Parenting Center |
| Member of the Board | e2 Communications, Inc. |
| Member of the Advisory Board | Fort Worth Public Library Foundation |

## SCHEDULE IX - AGREEMENTS

Name N. Kay Granger



**Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.**

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 2000 | I continue to receive commissions from policies sold befor my election to Congress, and I am covered by the health plan from G&R Insurance Agency, Inc. (formerly Kay Granger Insurance Agency, Inc.), Fort Worth, TX | NA |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2001 MAY 11 PM 12: 19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 10 2001
MC
(Office Use Only)
14

Samuel Bruce "Sam" Graves, Jr.
(Full Name)

110 S. 10th Street
(Mailing Address)

(202) 225-7041 or
Daytime Telephone
(Terry J. Brady (816) 460-5635)

Tarkio, Missouri 64491

| | | | | |
|---|---|---|---|---|
| **Filer Status** | X Member of the U.S. House of Representatives | State: Missouri District: 6th | Officer or Employee | Employing Office: |
| **Report Type** | X Annual (May 15) | Amendment | Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes X | No | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes | No X |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes | No X | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes | No X |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes X | No | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes X | No |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes X | No | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes X | No |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes X | No | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes | No X |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes | No X |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | May 10, 2001 |

| Name | Page 2 of 14 |
|---|---|
| Samuel B. "Sam" Graves, Jr. | |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of Missouri | Salary, Missouri Senate | $27,284.50 |
| | Missourians for Better Government | Consulting Fee | $ 5,500.00 |
| | Tarkio, Missouri R-1 School District | Teachers Salary of Leslie J. Graves, spouse | |

For payments to charity in lieu of honoraria, use Schedule II.

| Name Samuel B. "Sam" Graves, Jr. | Page 3 of 14 |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| None | None | None | None |
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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000) | Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; COMPLETED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)) | Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000) | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|
| SP, DC, JT (Examples) | SP Mega Corp. Stock | X | DIVIDENDS | | P |
| | Simon & Schuster | Indefinite | Royalties | X | |
| | 1st Bank of Paducah, KY accounts | X | INTEREST | X | |
| | Sam Graves Farms: Clark Township & Tarkio Township, Atchison, County, MO | X | Other Type of Income: Gross Farm Income | X | See Attachment |
| | Rydex Mutual Funds/OTC Index Fund | X | DIVIDENDS | X | |
| | Janus Mercury Fund | X | DIVIDENDS | X | |
| | Janus Enterprise Fund | X | DIVIDENDS | X | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel B. "Sam" Graves, Jr. | Page 5 of 14

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify) | I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000 | P, S, E |
| | Janus Strategic Value Fund | C | DIVIDENDS; CAPITAL GAINS | II | |
| | Janus Global Technology Fund | C | DIVIDENDS; CAPITAL GAINS | II | |
| | Alamosa PCS Holdings (APCS) | C | DIVIDENDS | II | |
| | Oracle Corporation | C | DIVIDENDS | II | |
| | Cisco Systems | C | DIVIDENDS | II | |
| | E-Trade Checking Account | D | INTEREST | III | |
| | Golden Triangle Energy Cooperative | C | | None | |
| | Small Town Investment Club | C | DIVIDENDS; CAPITAL GAINS | II | P, S ** |
| | Farm Equipment & Machinery | E | | | |
| | Mercantile Bank (Firstar) | C | INTEREST | II | |
| | 2 Checking Accounts | | | II | |
| | American Century Ultra | C | DIVIDENDS | None | |
| | Mutual Fund (Deferred Compensation Plan) | | | | |
| | (See Section IX) | | | | |
| | State of Missouri Employee Retirement System | A None | DIVIDENDS | None | |

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*See Attached Brokerage Statement
*See Attachment 3

**SCHEDULE III (Cont.)**

**Attachment 1**

**Net Income from Farm Operations of Sam Graves Farms** **$ 38,144.81**

**For Calendar Year 2000**

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SCHEDULE III (cont.)
Attachment 2

Ameritrade

P O BOX 2209
OMAHA, NE 68103-2209
800-669-3900

SIPC

| Account No. |
|---|
| 162-879274 |

| Statement Period | Page |
|---|---|
| 11/25/00-12/29/00 | 1-3 |

SMALL TOWN INVESTMENT CLUB PRTN 682192
ATTN: BRENT HRABIK
1405 LINCOLN ST
EMPORIA KS 66801-5658

*OPEN ANY NEW IRA NOW AND GET THE MOTLEY FOOL INVESTMENT TAX GUIDE 2001 FREE! PLUS THERE'S NO MINIMUM OPENING BALANCE AND, AS ALWAYS, NO SETUP OR MAINTENANCE FEES. APPLY AT WWW.AMERITRADE.COM*

ACCOUNT SUMMARY AS OF 12/29/00 CUSTOMER ACCOUNTS PROTECTED UP TO $25,000,000.

## Portfolio Summary

| | Current Month Value | % of Long Value |
|---|---|---|
| Stocks | $15,568 | 100.0 |
| *Long Market Value | $15,568 | 100.0 |
| Cash Account (1) Balance | $1,134 | |
| *Net Account Value | $16,702 | |
| *Total Equity | $16,702 | |

*Excludes unpriced securities(NP)

## Money Balance Summary

| Account Type | Opening Balance | Closing Balance |
|---|---|---|
| Cash Account (1) | $132.18 | $1,133.98 |
| Net Cash Balance | $132.18 | $1,133.98 |
| Total Money Balance | $132.18 | $1,133.98 |

## Income Summary

| Description | Current | Year to Date |
|---|---|---|
| Ordinary Dividends | $1.11 | $19.07 |
| Interest Income Credit Balance | .84 | 24.83 |
| Foreign Tax Withheld | .17 | .24 |

## Portfolio Detail

| Acct Type | Quantity | Description | Ticker Symbol | Market Price | Market Value |
|---|---|---|---|---|---|
| 1 | 100 | Adc Telecommunications Inc Com | ADCT | $18.125 | $1,813 |
| 1 | 850 | E Prime Aerospace Corp N/C 10-87 Was Barigor Invts Cbr | EPEA | .017 | 14 |
| 1 | 20 | Engineered Support Sys Inc Com | EASI | 21.75 | 435 |
| 1 | 80 | Ericsson L M Tel Co Adr Cl B Sek 10 | ERICY | 11.188 | 895 |
| 1 | 70 | Level 3 Communications Inc Com | LVLT | 32.813 | 2,297 |
| 1 | 20 | National Semiconductor Corp Com | NSM | 20.125 | 403 |
| 1 | 59 | Nortel Network Corporation Com | NT | 32.063 | 1,892 |

Continued on next page

[illegible]

Ameritrade

P O BOX 2209
OMAHA, NE 68103-2209
800-669-3900

SIPC

| Account No. | Customer Name | Statement Period | Page |
|---|---|---|---|
| 162-879274 | SMALL TOWN INVESTMENT CLUB PRT | 11/25/00-12/29/00 | 2-3 |

## Security Positions

| Acct Type | Quantity | Description | Ticker Symbol | Market Price | Market Value |
|---|---|---|---|---|---|
| 1 | 100 | Stilwell Financial Inc Com | SV | 39.438 | 3,944 |
| 1 | 65 | Wal Mart Com | WMT | 53.125 | 3,453 |
| 1 | 30 | Worldcom inc Com | WCOM | 14.063 | 422 |
| | | TOTAL ACCOUNT VALUE | | | $15,568 |

## Account Activity

| Date | Transaction | Description | Quantity | Price /Rate | Debit | Credit |
|---|---|---|---|---|---|---|
| | | OPENING BAL CASH ACCOUNT | | | | $132.18 |
| 11/27/00 | DIV/INT | Money Market Interest Credited<br>Payable: 11/24/2000 | | | | 0.54 |
| 11/30/00 | CASH REC'D | Low Farms | | | | 100.00 |
| 11/30/00 | CASH REC'D | Cash Receipt | | | | 100.00 |
| 11/30/00 | CASH REC'D | Cash Receipt | | | | 100.00 |
| 11/30/00 | CASH REC'D | Cash Receipt | | | | 100.00 |
| 11/30/00 | CASH REC'D | Cash Receipt | | | | 200.00 |
| 11/30/00 | CASH REC'D | Cash Receipt | | | | 100.00 |
| 11/30/00 | CASH REC'D | Cash Receipt | | | | 100.00 |
| 11/30/00 | CASH REC'D | Cash Receipt | | | | 200.00 |
| 12/29/00 | DIV/INT | Nortel Network Corporation Com<br>Payable: 12/29/2000<br>Ordinary Dividends 1.11<br>Foreign Tax -0.17 | | | | 0.94 |
| | | CLOSING BAL CASH ACCOUNT | | | | $1,133.96 |
| | | TOTAL ACCOUNT BALANCE | | | | $1,133.96 |

## Statement of Interest Credits

| Beginning Date | Credit Balance | Number of Days | Interest Rate | Interest Credited |
|---|---|---|---|---|
| 11/30/00 | $1,133.02 | 20 | 2.7500 | $2.46 |
| 12/29/00 | 1,133.96 | 1 | 2.7500 | 0.09 |
| | | TOTAL INTEREST TO BE CREDITED | | $2.07 |

Page 8

Ameritrade

SIPC

P O BOX 2209
OMAHA, NE 68103-2208
800-669-3900

| Account No. | Customer Name | Statement Period | Page |
|---|---|---|---|
| 162-879274 | SMALL TOWN INVESTMENT CLUB PRT | 11/25/00-12/29/00 | 3-3 |

## DISCLOSURE

ABSENT SPECIFIC CUSTOMER DIRECTION, STOCK AND OPTION ORDERS ARE ROUTED VIA AN ELECTRONIC MATRIX TO A LISTED, NASDAQ, OR OVER-THE-COUNTER AGENT, OR OPTIONS EXCHANGE, DEPENDING UPON THE SECURITY BEING TRADED. ADVANCED CLEARING OR THE INTRODUCING BROKER MAY RECEIVE CASH PAYMENT FOR ROUTING SUCH CUSTOMER STOCK OR OPTION ORDERS FOR EXECUTION TO CERTAIN AGENTS ON SPECIFIC LISTED, NASDAQ, OVER-THE-COUNTER, OR OPTION SECURITIES. BECAUSE THESE AGENTS ARE MARKET MAKERS, THEY CARRY INVENTORY IN THEIR SPECIFIC SECURITIES, ALLOWING FOR PRICE IMPROVEMENT TO THE RETAIL CUSTOMER BY TRADING THROUGH THEIR INVENTORY. ACCORDINGLY, FOR STOCKS, THE CUSTOMER'S ORDER IS ALWAYS EXECUTED AT THE "BEST OFFER", "BEST BID", OR AT A PRICE SUPERIOR TO EITHER. FOR OPTIONS, THE CUSTOMER'S ORDER IS ALWAYS EXECUTED WITHIN THE PREVAILING QUOTE AT ONE OF THE OPTIONS EXCHANGES.

KEEP THIS STATEMENT FOR INCOME TAX PURPOSES

THE ABOVE PRICES ARE PROVIDED ONLY AS A GENERAL GUIDE TO VALUE YOUR PORTFOLIO. CURRENT QUOTATIONS ARE AVAILABLE THROUGH YOUR BROKER. CERTIFICATES OF DEPOSIT ARE PRICED AT PAR. SALE PRIOR TO MATURITY MAY RESULT IN A LOSS OF PRINCIPAL. MORTGAGE BACKED POSITIONS ARE VALUED USING THE REMAINING BALANCE AND THE CURRENT MARKET PRICE.

EQUITY AND OPTION POSITIONS IN INTERWOVEN, SCHEDULED TO SPLIT WITH AN EX-DIVIDEND DATE OF 1/2/2001, ARE REFLECTED AFTER THE EFFECTS OF THE SPLIT IN THE SECURITY POSITION AND ACCOUNT ACTIVITY SECTIONS OF THIS STATEMENT.

THE MOST REGENT SEMI-ANNUAL STATEMENT OF FINANCIAL CONDITION FOR ADVANCED CLEARING, INC. MAY BE OBTAINED, AT NO COST, VIA THE INTERNET AT
HTTP://WWW.ADVANCEDCLEARING.COM/HTML/FINANCIALS/STATEMENT.HTML OR
HTTP://WWW.ADVANCEDCLEARING.COM/HTML/ABOUTUS.HTML OR BY CONTACTING ADVANCED CLEARING, INC. AT 1-800-237-8692. AS OF SEPTEMBER 29, 2000, ADVANCED CLEARING, INC. HAD NET CAPITAL AND A NET CAPITAL REQUIREMENT OF $227,808,957 AND $62,723,352, RESPECTIVELY.

**SCHEDULE III (Cont.)**

**Attachment 3**

**Small Town Investment Club**

**Interest of Sam Graves:** **10%**

## SCHEDULE IV — TRANSACTIONS

Name Samuel B. "Sam" Graves, Jr.



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10-12-00 | | X | | | | | | | | |
| | Wave Systems, Inc. | | X | | 9-08-00 | | | | | | | | | | |

This page may be copied if more space is required.

Name Samuel B. "Sam" Graves, Jr. | Page 12 of 14

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Farmers State Bank, Tarkio, MO | Mortgage on Farm 1 (115 Acres) | | | | X | | | | | | |
| | Farmers State Bank, Tarkio, MO | Mortgage on Farm 2 (240 Acres) | | | | X | | | | | | |
| | Farmers State Bank | Secured Tractor Loan | X | | | | | | | | | |
| | Farmers State Bank | Additional Secured Loan | X | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| None | None | None |
| | | |
| | | |
| | | |
| | | |

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | None | | None | | | | |
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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Owner | Sam Graves Farms |
| Member | Small Town Investment Club (See Attachment) |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 2000 | State of Missouri, Deferred Compensation Plan | Optional deferred compensation plan whereby State of Missouri matches individual contribution of $25 or less (Investment in American Century Ultra Mutual Fund) |
| 2000 | State of Missouri Employee Retirement System | State of Missouri Employee Retirement Program as a member of the Missouri General Assembly |
| | | |
| | | |
| | | |

# UNITED STATES HOUSE OF REPRESENTATIVES

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A** For use by Members, officers, and employees



LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)
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MC

Raymond Eugene (Gene) Green
(Full Name)

P O Box 16128 Houston, TX 77222-6128
(Mailing Address)

202-225-1688
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: TX District: 29 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☑ No ☐ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, § 104 and U S C § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Raymond Eugene (Gene) Green | 4/24/2001 |

# SCHEDULE I - EARNED INCOME

Nam Raymond Eugene (Gene) Green



**List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.**

| Source | Type | Amount |
|---|---|---|
| Employees Retirement System of Texas | Legislative Pension | $39,932 |
| State of Texas | Deferred Compensation | $2,000 |
| Aldine Independent School District | Spouse Salary | NA |

# SCHEDULE II - PAYMENTS IN LIEU OF HONO

Nam Raymond Eugene (Gene) Green



**List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.**

| Source | Activity | Date | Amount |
|---|---|---|---|
| Sisters of Charity | Speech | October 18, 2000 | $200 |

# SCHEDULE III - ASSETS AND "UNE

Nam Raymond Eugene (Gene) Green



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publiciy traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold ($), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | First American Bank (Deferred Comp) | $1,001 - $15,000 | Other: INTEREST & INCOME | $1,001 - $2,500 | |
| JT | Bank of America | $50,001 - $100,000 | INTEREST | $1,001 - $2,500 | |
| JT | Chase Bank (IRA's) | $50,001 - $100,000 | INTEREST | NONE | |
| JT | Aldine Teachers' Credit Union | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |
| JT | Prudential Insurance | $50,001 - $100,000 | Other: INTEREST & SPOUSE DEFERRED COMP | $5,001 - $15,000 | |

# SCHEDULE III - ASSETS AND "UNE

Nam Raymond Eugene (Gene) Green



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Planters Bank (IRA's) | $50,001 - $100,000 | INTEREST | NONE | |
| JT | 20.049 Acres Rural Land, Montgomery, X | $15,001 - $50,000 | Other: None | NONE | |

# SCHEDULE VII - TRAVEL PAYMENTS AN

Nam Raymond Eugene (Gene) Green



**Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.**

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Aspen Institute | Jan. 13-16 | Hou-Naples, Florida-Hou | Y | Y | Y | N/A |
| Commonwealth Health Fund-JFK School of Govt | Jan. 20-23 | Hou-Aventura, Flo.-Hou | Y | Y | Y | N/A |
| Congressional Program of Aspen Institute | Feb. 18-22 | DC-San Juan-Hou | Y | Y | Y | N/A |
| Assn of American Railroads | Apr. 28-30 | Hou-Kiawah, S.C. -Hou | Y | Y | Y | N/A |
| German Marshall Fund of the U.S. | Nov. 27-Dec. 1 | Hou-Heidelberg-Hou | Y | Y | N | N/A |

# SCHEDULE VIII - POSITIONS

Nam Raymond Eugene (Gene) Green



Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Major | Texas State Guard (Uncompensated) |

# SCHEDULE IX - AGREEMENTS

Nam Raymond Eugene (Gene) Green



Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 5/90 | International Typographical Union | Pension Upon Retirement |

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

Mark Andrew Green
(Full Name)

2152 Gloucester Drive, Green Bay, WI 54304 920-497-0733
(Mailing Address) Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: WI District: 8 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ No ☑ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ No ☑ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | [signature] | 5/12/01 |

Name Mark Green | Page 2 of 9

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | — | | |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Mark Green



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of Income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | BLOCK A | BLOCK B | | | | | | | | | | | BLOCK C | | | | | | BLOCK D | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | None | A $1 – $1,000 | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | L | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | Examples: | SP | Mega Corp. Stock | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | | | LMG Property Management a Wisconsin General Partnership holding title to 3 rental properties. Green holds 1/3 interest. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Properties: 1825-27 Frank St, Green Bay | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | | | 1790 7th St., Green Bay | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | | | 408-410 Steven St, Green Bay | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | | | Kemper Municipal Bond Fund | | | X | | | | | | | | | | | X | | X | X | | | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Green

Page 5 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Flex Funds Money Mkt Fund | | | | X | | | | | | | | | X | | X | | | | | | | | X | | | | | | | | |
| | Kemper Total Return Fund (FRA) | | | X | | | | | | | | | | X | | X | | | | | | | | | | | | | | | | |
| | Thrift Savings Plan | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | American Funds Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Europacific Growth Fund | | | | X | | | | | | | | | X | | X | X | | | | | | | X | | | | | | | | |
| | Growth Fund of America | | | | | X | | | | | | | | X | | X | X | | | | | | | | | X | | | | | | |
| | Washington Mutual Fund | | | | X | | | | | | | | | X | | X | X | | | | | | | X | | | | | | | | |
| | Putnam Investor Variable Annuity | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | American Legacy Annuity | | | | X | | | | | | | | | | | X | | | | | X | | | | | X | | | | | | |
| | Mass Investors Growth Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | |
| | Gannet Stock | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | |
| | Putnam Investor Fund | | X | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| | Wisconsin Retirement System | | | X | | | | | | | | | | X | | | X | | | | | | | | | | | | | | | |
| | Putnam Voyager Fund | X | | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| | Godfrey & Kahn S.C. 401k | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | administered by Robert W Baird | | | | X | | | | | | | | | | | X | X | | | | | | | | | | | | | | | |
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| | Wisconsin Deferred Comp. Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Vanguard Institutional Index | | | | X | | | | | | | | | X | | X | | | | | | | | | | | | | | | | |
| | Fidelity Contra Fund | | | | X | | | | | | | | | X | | X | | | | | | | | | | | | | | | | |
| | Janus Fund | | | | X | | | | | | | | | X | | X | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Mark Green



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Putnam Investor Variable Annuity | X | | | 9-6-2000 | X | | | | | | | | | |
| | Putnam Investor Fund | X | | | 2-18-2000 | X | | | | | | | | | |
| | Putnam Voyager Fund | X | | | 2-18-2000 | X | | | | | | | | | |
| | Massachusetts Investor Growth Stock | X | | | 3-2000 | X | | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Associated Bank Green Bay | Mortgage on 3 rental properties for LMG Property Management | | | | X | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| — | | |
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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
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Name Mark Green | Page 9 of 9

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | LMG Property Management, a Wisconsin General Partnership |
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## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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GPO: 2001 70-729 (mac)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 12:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

9

MC

Felix J. Grucci Jr
(Full Name)

4 Valencia Ct. East Patchogue NY 11772
(Mailing Address)

1-631-207-0903
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ☒ Member of the U.S. House of Representatives — State: NY District: 01 | ☐ Officer or Employee | Employing Office: |
| **Report Type** | ☒ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

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## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☒ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☒ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☒ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ | No ☒ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☒ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☒ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☒ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☒ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ | No ☒ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☒ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☒ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Felix J. Grucci Jr. | 5/14/01 |

Name Felix J. Grucci, Jr. Page 1 of 1

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| FIREWORKS BY GRUCCI INC. | SALARY | 81,620.00 |
| TOWN of BROOKHAVEN | " | 85,017.00 |
| ORIGINAL VOICES | Consulting | 25,000.00 |

For payments to charity in lieu of honoraria, use Schedule II.

Name Felix J. Grucci, Jr. Page 1 of 1

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| NONE | N/A | N/A | N/A |

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Name Felix J. Gucci, Jr. Page 1 of 2

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Examples: | SP | Mega Corp. Stock | | | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | P |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| SP | C.D'o Chase Manhattan | | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | X | | | | | | |
| JT | HSBC Bank | | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | X | | | | | | | |
| | Starlight Properties | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | X | | | | | |
| DC | Fin Family of Funds | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**For additional assets and unearned income, use next page.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Felix J. Gucci, Jr. Page 2 of 2

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| DC | Pion International Fund | B X | DIVIDENDS X | III X | |
| | fireworks by Gucci 401 Profit | | | | |
| | Sharing Plan | F X | CAPITAL GAINS N/A | VI N/A | |
| JT | SS Station Rd. Bellport | G X | DIVIDENDS X | V X | |
| | fireworks By Gucci, etc | F X | CAPITAL GAINS N/A | VI N/A | |
| | Pyrotechnique by Gucci etc | H X | CAPITAL GAINS N/A | VI N/A | |
| DC | HSBC Bank | E X | DIVIDENDS X; INTEREST X | V X | |
| DC | Pion Family 401 Funds | B X | DIVIDENDS X; INTEREST X | III X | |
| SP | HSBC | D X | DIVIDENDS X | IV X | |
| | CD Chase Bank | B X | INTEREST X | V X | |

This page may be copied if more space is required.

## SCHEDULE IV — TRANSACTIONS

Name Felix J. Gucci, Jr. Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |

NONE

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Name Felix J. Grucci, Jr. | Page 1 of 1

## SCHEDULE V — LIABILITIES

Report liabilities of owed $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

NONE

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

NONE

Use additional sheets if more space is required.

Name Felix J. Grucci, Jr. Page 1 of 1

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | | | | | | | |

NONE

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| President | Fireworks By Grucci, Inc. |
| " | Starlight Properties Inc |
| Sec. / Tres. | Pyrotechnique By Grucci, Inc. |
| B. of D. | American Pyrotechnic Association |
| ~~Pres~~ Trustee | Fireworks By Grucci, Inc. 401 Profit Sharing Plan |
| Trustee | Concetta Marie Grucci Living Trust |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | None | None |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
01 MAY 15 PM 4:08
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(4)

HAND DELIVERED
MC
(Office Use Only)

Luis V. Gutierrez
(Full Name)

1934 W. Wabansia
Chicago, IL. 60622
(Mailing Address)

(202) 225-8203
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: ____ District: ____ | [ ] Officer or Employee | Employing Office: ____ |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: ____ |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Luis V. Gutierrez | May 14, 2001 |

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| Name Luis V. Gutierrez | Page 1 of 1 |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Second Federal Savings & Loan Association | Spouse Salary | N/A |

**For payments to charity in lieu of honoraria, use Schedule II.**

Name Luis V. Gutierrez | Page 1 of 1

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B | Block C | Block D | Block E |
|---|---|---|---|---|---|
| | | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| SP, DC, JT — *Examples:* SP: Mega Corp. Stock | | X | X | | P |
| *Examples:* Simon & Schuster | Indefinite | | | Royalties | |
| *Examples:* 1st Bank of Paducah, KY accounts | | X | X | | |
| JT Park National Bank & Trust (CD) | | X | X | X | P |
| JT LaSalle Bank (CD) | | X | X | | P |
| JT MidTown Bank (CD) | X | X | X | X | P |
| JT 2nd Federal Savings &Loan (CD) | | X | X | X | P |
| JT 615 Calle Vista Mar Coco Beach, Rio Grande, P.R. | | X | | | |

For additional assets and unearned income, use next page.

Name Luis V. Gutierrez | Page 1 of 1

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Doral Financial Corp., San Juan, P.R. | Mortgage on 615 Calle Vista-Mar Coco Beach, Rio Grande, P.R. | | | X | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2001 MAY -8 AM 9:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(5)
HC INSIDE MAIL
(Office Use Only)

Rep. Gil Gutknecht
(Full Name)
425 Cannon Office Bldg
Washington, D.C. 20515
(Mailing Address)
202-225-2472
Daytime Telephone

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Minnesota District: 1ST | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Gil Gutknecht | 05/03/01 |

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Name Gil Gutknecht | Page 2 of 5

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Aldrich Nursery School | spouse salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Gil Gutknecht | Page 3 of 5

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the Instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | BLOCK A | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E m, p, d |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: | SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | X | | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | |
| JT | AT&T, stock | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| JT | Bell South, stock | | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| JT | Affinity Plus (Credit union) | | | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | Norwest Bank (Now Wells Fargo) | | | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | Fastenal, stock (IRA) | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | DaimlerChrysler, (IRA) | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |

**For additional assets and unearned income, use next page.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gil Gutknecht



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Templeton Growth, IRA | | | | X | | | | | | | | | | reinvested | | | | | | | | | NA | | | | | | | | |
| | Oppen. Main St. Inc + Gr., IRA | | | X | | | | | | | | | | | reinvested | | | | | | | | | NA | | | | | | | | |
| | Dean Witter Liq Asset, IRA | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Berger 100 mutual, IRA | | | X | | | | | | | | | | | reinvested | | | | | | | | | NA | | | | | | | | |
| SP | Templeton Growth, IRA | | | X | | | | | | | | | | | reinvested | | | | | | | | | NA | | | | | | | | |
| SP | Schwab money mkt., IRA | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Lucent Tech. | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | Fastenal | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | Showcase Software | | | X | | | | | | | | | | | none | | | | | | X | | | | | | | | | | | |
| | MN State Ret. Sys. – def. comp - Gr. West Life + Annuity | | | X | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | |
| | MN State retirement pension | No specific value | | | | | | | | | | | | | | | | | | | | | | NA | | | | | | | | |
| SP | TIAA - retirement | | | X | | | | | | | | | | | | | X | | | | | | | NA | | | | | | | | |
| | garage - rent (location: 305 C St NE Washington, DC 20002) | | | X | | | | | | | | | | X | | | | | | | | | | | X | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | DEMOCRACY & CITIZENSHIP PROGRAM OF THE ASPEN INSTITUTE | JAN. 28-29 | DC-QUEENSTOWN, MD-DC | Y | Y | N | N |
| | SAFARI CLUB INTERNATIONAL | FEB. 3-6 | DC-RENO, NV-ROCH., MN | Y | Y | N | N |
| | US ASSOCIATION OF FORMER MEMBERS OF CONGRESS | APR. 18-20 | ROCH, MN-BUFFALO, NY-ROCH, MN | Y | Y | N | N |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
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9
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HC MAY 07 2001
(Office Use Only)

Ralph M. Hall
(Full Name)
2221 Rayburn House Office Building
(Mailing Address)
(202)225-6673
Daytime Telephone:
Washington, DC

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Texas District: 04 | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Ralph M. Hall | 5-7-01 |

1729

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Employee Retirement System of Texas | Legislative Pension | $51,991 |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000) | Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)) | Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000) | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* Mega Corp. Stock | E | DIVIDENDS | IV | P |
| | *Examples:* Simon & Schuster | Indefinite | Royalties | VIII | |
| | *Examples:* 1st Bank of Paducah, KY accounts | F | INTEREST | VI | |
| | Securities: | | | | |
| | Crowley Holding Co. Crowley, Tx | F | DIVIDENDS | VII | |
| | Lakeside Bancshares, Inc. Rockwall, Tx | G | DIVIDENDS | VII | |
| | Lakeside National Bank Rockwall, Tx. | D | DIVIDENDS | III | |
| | North & East Trading Co. | G | | I | |
| | Rockwall, Tx | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ralph M. Hall

Page 4 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| | Real Estate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 152 A. Hunt Co., Tx | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | 105 S. Fannin,Rockwall | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | |
| | 4.5 Acres, Rockwall,Tx | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | D.C. Townhouse | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |
| | 22 A.,Kaufman Co., Tx | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Oil Interest: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Caddo Parrish, La. | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Ralph M. Hall



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | 105 S. Fannin, Rockwall, Tx | | X | | 12-30-00 | | | X | | | | | | | |
| | .5 Acres, Rockwall, Tx | | X | | 03-31-00 | | X | | | | | | | | |

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Name Ralph M. Hall | Page 6 of 9

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del | | | | X | | | | | | |
| | Lakeside National Bank, Rockwall,Tx | Business Loans | | | X | | | | | | | |
| | American Bank, Sherman, Tx | Bank Stock | | | X | | | | | | | |
| | American Bank, Sherman, Tx | 4.5 Acres Rockwall, Tx | | | | X | | | | | | |
| | Flagstar Bank, Irving, Ca | D.C. Townhouse | | | X | | | | | | | |
| | E.K. Slaughter, Rockwall, Tx | Crowley Holding Co. | | X | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

Name Ralph M. Hall



## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | x | | | | | | |
| | Lloyd Wilcox, Rockwall, Tx | Lakeside Bancshares | X | | | | | | | | | |
| | Debt Retired During The Year: | | | | | | | | | | | |
| | JT Construction Co.,Greenville, Tx | 4.5 Acres, Rockwall, Tx | | | | X | | | | | | |
| | Loretta Myers, Rockwall, Tx | Lakeside Banchsares | | X | | | | | | | | |
| | Lakeside National Bank, Rockwall, Tx | Mortgage -105 S. Fannin | | | X | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | American Gas Association | Apr. 27/28 | Dallas-Tucson-Dallas | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Chairman & Director (unpaid) | Crowley Holding Company, Crowley, Tx |
| Chairman & Director (unpaid) | Bank of Crowley, Crowley, Tx |
| Chairman & Director (unpaid) | Lakeside National Bank, Rockwall, Tx |
| President & Director (unpaid) | Lakeside Bancshares, Inc., Rockwall, Tx |
| Chairman & President (unpaid) | North & East Trading Co., Rockwall, Tx |
| Chairman & Director (unpaid) | Linrock, Inc., Rockwall, Tx |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO 2000 82-753 (mac)

**Use additional sheets if more space is required.**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

(8)

LEGISLATIVE RESOURCE CENTER
2001 MAY -9 PM 3:47
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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HC

Tony P. Hall
(Full Name)

2560 North 23rd Road
(Mailing Address)

Arlington, VA 22207

Daytime Telephone
202-225-6465

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Ohio District: 3rd | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Tony P. Hall | 5-9-01 |

| Name | Tony P. Hall | Page 2 of 8 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Fellowship Foundation, Inc. | Spouse Salary | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

| Name | Tony P. Hall | Page 3 of 8 |
|---|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| Sojourners | Article | Sept. 22,2000 | $75.00 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | Examples: SP | Mega Corp Stock | Indefinite | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | P |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Simon & Schuster | Indefinite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | | | X | | |
| | Royalties | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cong.Emp.Fed.Cred.Union IRA | | | | X | | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| | Smith Barn, Shear, Fund | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Aim Invest.Funds Tel.IRA | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Chemical Bank Note IRA | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| | Prudential Moneymart" | | | | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| DC | Wendy's,Mattel,Techi-clone Intl. Stocks | | | | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |

| | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cong.Emp.Fed.Cred.Union IRA | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| Smith Barn, Shear, Fund | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| Aim Invest.Funds Tel.IRA | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| Chemical Bank Note IRA | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| Prudential Moneymart" | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| DC Wendy's,Mattel,Techi-clone Intl. Stocks | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tony P. Hall

Page 5 of 8

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Aim Invest.Funds Tel.IRA | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Smith Barn.Shear.Fund " | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| JT | Amer. Elect.Power Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | First Union Corp. " | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | IBM Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | Royal Dutch Petro. Stock | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| JT | Prudential Gov.US Tres. MoneyMart | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | University of the Nations and International Foundation | Feb 18-26 | Kona Wash,DC-Hawaii-Wash,DC | Y | Y | Y | N |
| | Greater Lake Country Food Bank | April 1-2 | " " —Minneapolis" " | Y | Y | N | N |
| | Diamond Dealers Club of New York | July 13-17 | Brussels " "-&Antwerp- " " | Y | Y | N | N |

| Name | Tony P. Hall | Page 7 of 8 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Chairman | Congressional Hunger Center |
| Director | Bread For The World |
| Trustee | Holiday Aid |
| Board of Managers | Air Force Museum Foundation |
| Advisory | Mercy Corps International |
| Advisory | International Justice Mission |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70–729 (mac)

| Name | Tony P. Hall | Page 8 of 8 |
|---|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director | Center For Effective Compassion |
| Advisory | National Bureau of Asian Research |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70–729 (mac)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2001 APR 25 PM 12:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office use only)

James V. Hansen
(Full Name)

242 Cannon House Office Building
(Mailing Address)

(202)225-0453
Daytime Telephone

Washington, D.C. 20515

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: Utah District: 1st | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | James V. Hansen | 4.25.2001 |

1746

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State Farm Insurance Company | Pension | $4,688.04 |
| | State of Utah | Legislative Pension | $2,644.08 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name James V. Hansen

Page 3 of 5

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | Block A: Asset and/or Income Source | Block B: Value of Asset | | | | | | | | | | | Block C: Type of Income | | | | | | Block D: Amount of Income | | | | | | | | | | | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, or E |
| SP, DC, JT | *Examples:* SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | X | | | | Royalties | | | | | | | | | X | | |
| | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | | | | | | | | | | X | | | | | | |
| JT | Wright-Pat. Credit Union | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | Mountain America Credit Union | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | America First Credit Union | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | United States Savings Bonds | | | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Davis Schools Credit Union | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | |
| JT | Office Building at 60 South 200 West, Farmington, UT | | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James V. Hansen



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| JT | Building Lots (3), Woodland Springs, Plat A Farmington, UT | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | |

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Name James V. Hansen | Page 5 of 5

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | Zions First National Bank | Mortgage on rental office at 60 So. 200 W., Farmington UT | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

(53)

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U.S. HOUSE (Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

JANE HARMAN
(Full Name)

811 NORTH CATALINA AVENUE #1302, REDONDO BEACH CA 90277
(Mailing Address)

Daytime Telephone: 310-372-1600

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: CA District: 36th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | ✓ Jane Harman | ✓ 5/14/01 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| *Examples:* Keene State | Approved Teaching Fee | $6,000 |
| State of Maryland | Legislative Pension | $9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
| UNIVERSITY OF CALIFORNIA, LOS ANGELES | SALARY | $12,700 |
| HARMAN INTERNATIONAL INDUSTRIES INC | SPOUSE SALARY | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENTS | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp. Stock | | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | P |
| DC | Examples: Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| JT | Examples: 1st Bank of Paducah, KY accounts | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| | **BANK ACCOUNTS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | City National Bank Beverly Hills CA | | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | Citibank New York NY | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | **EQUITIES:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Harman International Industries-Common | | | | | | | | | | | X | X | | | | | | | | | | | | | X | | | | | | |
| SP | Harman International Industries-Options | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name JANE HARMAN

Page 4 of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,001,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JT | Medical Specialities Int'l | | | | X | | | | | | | | | | | | | | | Royalty | | X | | | | | | | | | | |
| | Inc-Common | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Putnam International | | | | | | X | | | | | | | X | | | X | | | | | | | | | | | | | | | |
| | Growth Class A Fund | | | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | |
| | Fidelity CA Municipal | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| | Money Market Fund | | | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| SP | Worklinks-Common | | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | P |
| DC | Selected American Shares | | | | | | | X | | | | | | X | | | X | | | | | | | | | | X | | | | | |
| | Mutual Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | Fidelity Investment MMA | | X | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| SP | Sidney Harman 1987 Rev Tr | | | | SEE | SCHEDULE | A | ATTACHED | | | | | | | | | | | | | | | X | | | | | | | | | |
| | Held Custody Bank of NY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | P,S |
| SP | JP Morgan | | | | SEE | SCHEDULE | B | ATTACHED | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Sidney Harman Charitable | | | | SEE | SCHEDULE | C | ATTACHED | | | | | | | | | | | | | | | | | | | | | | | | P,S |
| | Remainder Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | P,S |
| JT | Jane Harman 15 Year Grantor | | | | SEE | SCHEDULE | D | ATTACHED | | | | | | | | | | | | | | | | | | | | | | | | |
| | Income Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | P,S |
| JT | Jane Harman 25 Year Grantor | | | | SEE | SCHEDULE | E | ATTACHED | | | | | | | | | | | | | | | | | | | | | | | | |
| | Income Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | P,S |
| | The Lakes Descendants Trust | | | | SEE | SCHEDULE | F | ATTACHED | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | The Lakes Descendants Trust | | | | SEE | SCHEDULE | G | ATTACHED | | | | | | | | | | | | | | | | | | | | | | | | P,S |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENTS | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **REAL ESTATE LIMITED PARTNERSHIPS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | JBG Investment Fund I LP (Holding var interests in comm'l RE See Attchmt 7) | | | | | | | | | X | | | | | X | X | | | | | X | | | | | | | | | | | P |
| SP | Peabody International RE Ptnrs LLC (Holding var interests in comm'l RE and companies See Attchmt 8) | | | | | | | X | | | | | | | X | | X | | | | X | | | | | | | | | | | P |
| | **INVESTMENT LIMITED PARTNERSHIPS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP | Beta Hedge LP (Holding var positions Lg Cap US Equities) | | | | | | | | | X | | | | X | | X | X | | | | | | | | | | | | X | | | P |
| SP | Greenbrier Equity Fund LP (Start-up/ no activity) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Omega Alpha Auto LLC (Owns auto dealerships in White Plains NY) | | | | | | | | | X | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Patricof Private Investment Club LP (See Attchmt 1) | | | | | X | | | | | | | | X | | X | X | | | | | | | | | | | X | | | | |
| SP | Patricof Private Investment Club II (See Attchmt 2) | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | P |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

Page 6 of 10

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Pilgrim America High Income Investment Ltd (See Attchmt 6) | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |
| SP | Premier Pacific Vineyards LP (Owns vineyards and wine making facilities in N California and Oregon) | | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Rhone Partners LP (See Attchmt 4) | | | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Taconic Capital Partners LP (Holds var investments and hedged positions) | | | | | | | | | X | | | | X | | X | | | | | | | | | | | | X | | | | P |
| SP | TWP CEO Founders' Circle (QP) LP (Holds var investments in growth companies) | | | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | UBP Rhone Stable Return Fund LP (See Attchmt 5) | | | | | | | | | X | | | | X | | X | X | | | | | | | | | | | | X | | | |
| SP | Investment in Film- Dollhouse Productions LLC | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Harman International Ind Inc Retirement Plan (Not self directed) held at Putnam Investments | | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | |

## SCHEDULE IV — TRANSACTIONS

Name JANE HARMAN



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | | | | 10-12-00 | | X | | | | | | | | |
| SP | Sidney Harman 1987 Rev Trust Held in Custody Bank of NY | | | SEE | SCHEDULE H ATTACHED | | | | | | | | | | |
| SP | JP Morgan | | | SEE | SCHEDULE I ATTACHED | | | | | | | | | | |
| SP | Sidney Harman Charitable Remainder Trust | | | SEE | SCHEDULE J ATTACHED | | | | | | | | | | |
| JT | Jane Harman 15 Year Grantor Income Trust | | | SEE | SCHEDULE K ATTACHED | | | | | | | | | | |
| JT | Jane Harman 25 Year Grantor Income Trust | | | SEE | SCHEDULE L ATTACHED | | | | | | | | | | |
| | The Lakes Descendants Trust | | | SEE | SCHEDULE M ATTACHED | | | | | | | | | | |
| DC | The Lakes Descendants Trust | | | SEE | SCHEDULE N ATTACHED | | | | | | | | | | |
| SP | JBG Investment Fund I LP | | | | 4-3-00 | | | | X | | | | | | |
| SP | JBG Investment Fund I LP | | | | 6-8-00 | | | | | | | | | | |
| SP | JBG Investment Fund I LP | | | | 9-29-00 | | | | | | X | | | | |
| SP | Beta Hedge LP | | | | 6-20-00 | | | | | | X | | | | |
| SP | Greenbrier Equity Fund LP | X | | | 12-10-00 | X | | | | | | | | | |
| SP | Omega Alpha Auto LLC | | | | 5-30-00 | | | | | | X | | | | |
| SP | Patricof Private Investment Club II | | | | 1-12-00 | | | | | | | | | | |
| SP | Premier Pacific Vineyards LP | | | | 3-06-00 | | | | | | | | | | |
| SP | Taconic Capital Partners LP | | | | 5-30-00 | | | | | | X | | | | |

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## SCHEDULE IV — TRANSACTIONS (CONTINUED)

Name JANE HARMAN

Page 8 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| SP | TWP CEO Founders Circle (QP) LP | X | | | 6-23-00 | | | | | X | | | | | |
| SP | Peabody Int'l Real Estate Partners LLC | X | | | 2-28-00 | | X | | | | | | | | |
| SP | Peabody Int'l Real Estate Partners LLC | X | | | 7-7-00 | | X | | | | | | | | |
| SP | Peabody Int'l Real Estate Partners LLC | X | | | 9-22-00 | X | | | | | | | | | |
| SP | Peabody Int'l Real Estate Partners LLC | X | | | 10-20-00 | | | | | | | | | | |
| SP | Peabody Int'l Real Estate Partners LLC | X | | | 11-8-00 | | X | | | | | | | | |
| SP | Peabody Int'l Real Estate Partners LLC | X | | | 12-7-00 | | X | | | | | | | | |
| SP | Worklinks | X | | | 9-26-00 | | | | | | | | | | |

This page may be copied if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Board Member | Planned Parenthood - Los Angeles (Resigned 12/31/00) |
| Board Member | Venice Family Clinic (Resigned 12/31/00) |
| Trustee | Smith College |
| Commissioner | Commission on Terrorism (Report Filed June 2000) |
| Member | Advisory Committee to Dean of Harvard Law School |
| Vice-President | The Harman Family Foundation |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
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## SCHEDULE VIII — POSITIONS (CONTINUED)

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Trustee | Jane Harman 15 Year Grantor Income Trust |
| Trustee | Jane Harman 25 Year Grantor Income Trust |
| Trustee | The Lakes Descendants Trust |
| Trustee | The Lakes Discretionary Grandchildrens Trust |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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JANE HARMAN
Financial Disclosure Statement

Disclosure Regarding Limited Partnership Interests and Use of Alternative Valuation Methods:

Two basic methods have been used to determine the value of each partnership interest. These methods differ as a result of the information available at the date of filing.

Method 1

Where market value statements were available, the value was determined by applying the ownership percentage of the reporting individual to the total value of the capital account reserved for limited partners. Method 1 was implemented with regard to Patricof Private Investment Club LP, Patricof Private Investment Club II, Women's Growth Capital Fund I LLLP, Rhone Partners LP, UBP Rhone Stable Return Fund LP and Pilgrim America High Income.

Method 2

In some cases market value financial statements were not available. Accordingly, the ending capital balance for the reporting individual was used to value the partnership interest. This method was applied with regard to Beta Hedge LP, Greenbrier Equity Fund LP, JBG Investment Fund I LP, Omega Alpha Auto LLC, Peabody International Real Estate Partners LLC, Premier Pacific Vineyards LP, Taconic Capital Partners LP and TWP CEO Founders Circle Fund.

JANE HARMAN
Financial Disclosure Statement

Attachment 1 - Patricof Private Investment Club, LP Detail of Investment Positions

| Description | Category of Market Value |
|---|---|
| Public Companies: | |
| Bluestone Software Inc | $15,001 - $50,000 |
| Diversa Coporation | $15,001 - $50,000 |
| Eyrctel Ltd | $1,001 - $15,000 |
| Focal Inc | $1,001 - $15,000 |
| GoAmerica Inc | $1,001 - $15,000 |
| Lexicon Genetics Inc | $15,001 - $50,000 |
| Medical Logic/Medscape Inc | $1 - $1,000 |
| Ravisent Technologies Inc | $1,001 - $15,000 |
| Talk City | $1 - $1,000 |
| TMP Worldwide Inc | $1,001 - $15,000 |
| Private Companies: | |
| Accumetrics Inc | $1,001 - $15,000 |
| Greenbacks Inc | $1,001 - $15,000 |
| Hearthstone Assisted Living Inc | $1,001 - $15,000 |
| HR Logic Inc | $1,001 - $15,000 |
| Icarian Inc | $1,001 - $15,000 |
| Instrumentation Metrics Inc | $1,001 - $15,000 |
| Mojave Therapeutics Inc | $1,001 - $15,000 |
| Peregrine Semiconductor Corporation | $1,001 - $15,000 |
| Plansoft Corporation | $1,001 - $15,000 |
| People wProfessional Employers Services Inc | $1,001 - $15,000 |
| Ricon | $1,001 - $15,000 |
| Tessera Inc | $1,001 - $15,000 |
| Transora Inc | $1 - $1,000 |
| US Laboratories | $1,001 - $15,000 |
| Webley Systems Inc | $1,001 - $15,000 |
| Wynd Communications | $1,001 - $15,000 |

JANE HARMAN
Financial Disclosure Statement

Attachment 2 - Patricof Private Investment Club II Detail of Investment Positions

| Description | Category of Market Value |
|---|---|
| Public Companies: | |
| RITA Medical | $1,001 - $15,000 |
| Versicor Inc | $1,001 - $15,000 |
| Private Companies: | |
| beenz.com | $1 - $1,000 |
| bigchalk.com Inc | $1,001 - $15,000 |
| Cavu Inc | $1,001 - $15,000 |
| CML Emergency Services | $1,001 - $15,000 |
| CopperCom | $1,001 - $15,000 |
| EMation Ltd | $1,001 - $15,000 |
| Freedom Scientific Inc | $1,001 - $15,000 |
| HR Logic Inc | $1,001 - $15,000 |
| InfoLibria Inc | $1,001 - $15,000 |
| Intellisec Inc | $1,001 - $15,000 |
| IntraLinks Inc | $1,001 - $15,000 |
| Linuxcare | $1,001 - $15,000 |
| Mascot Network Inc | $1,001 - $15,000 |
| MeshNetworks | $1,001 - $15,000 |
| MILCOM Technologies Inc | $1,001 - $15,000 |
| Oblix Inc | $1,001 - $15,000 |
| Optimize Inc | $1,001 - $15,000 |
| Opus Medical Inc | $1 - $1,000 |
| Paladin Holdings Inc | $1,001 - $15,000 |
| Pasona Tech | $1,001 - $15,000 |
| Performance Inc | $1,001 - $15,000 |
| Prometheus | $1,001 - $15,000 |
| Pryor Resources Inc | $1,001 - $15,000 |
| SuSe Holding AG | $1,001 - $15,000 |
| Synaxia Networks Inc | $1,001 - $15,000 |
| Synchrony Communications Inc | $1,001 - $15,000 |
| Verbind Inc | $1,001 - $15,000 |
| Visalign LLC | $1,001 - $15,000 |
| WebMiles | $1,001 - $15,000 |
| Woodside Biomedical | $1,001 - $15,000 |

JANE HARMAN
Financial Disclosure Statement

Attachment 3 - Women's Growth Capital Fund I, LLLP (Held in Lakes Descendants Trust) Detail of Investment Positions

| Description | Category of Market Value |
|---|---|
| Cash and cash equivalents | $15,001 - $50,000 |
| Women.com Networks | $1 - $1,000 |
| BuyerZone.comDestiny Software | $15,001 - $50,000 |
| VIP Desk.com | $15,001 - $50,000 |
| Equal Footing.com | $15,001 - $50,000 |
| Destiny Websolutions | $15,001 - $50,000 |
| Enfish Technology Inc | $15,001 - $50,000 |
| CommuniSpace | $15,001 - $50,000 |
| Fran's Healthy Helpings Inc | $1,001 - $15,000 |
| People's Pottery Inc | $15,001 - $50,000 |
| Explore Inc | $1,001 - $15,000 |
| Cylex | $1,001 - $15,000 |
| Outbounder | $1,001 - $15,000 |
| Paratek Microwave | $1,001 - $15,000 |

Attachment 4 - Rhone Partners, LP Detail of Investment Positions

| Description | Category of Market Value |
|---|---|
| Bliss Technologies | $50,001 - $100,000 |
| Primus International | $100,001 - $250,000 |
| Car Component Technologies Inc | 250,001 - $500,000 |
| Home Fragrance Holdings Inc | $50,001 - $100,000 |
| Straightline Communications LLC | $100,001 - $250,000 |
| Terphane | $100,001 - $250,000 |

JANE HARMAN
Financial Disclosure Statement

Attachment 5 – UBP Rhone Stable Return Fund, LP Detail of Investment Positions

| Description | Category of Market Value |
|---|---|
| Ascot Partners LP | $100,001 - $250,000 |
| AG&J Power Fund LP | $15,001 - $50,000 |
| Michaelangelo LP | $50,001 - $100,000 |
| Palladin Partners LP | $100,001 - $250,000 |
| Milton Partners LP | $250,001 - $500,000 |
| Taurus Partners LP | $15,001 - $50,000 |
| Brencourt Arbitrage LP | $500,001 - $1,000,000 |
| Pine Street Partners LP | $500,001 - $1,000,000 |
| Perry Partners Lp | $100,001 - $250,000 |
| Satelite Fund II LP | $500,001 - $1,000,000 |
| Seneca Capital LP | $100,001 - $250,000 |
| OZ Overseas Partners LP | $15,001 - $50,000 |
| Perry Europe Fund LP | $15,001 - $50,000 |
| King Street Capital LP | $100,001 - $250,000 |
| OZF Credit Opportunities Fund LP | $15,001 - $50,000 |
| Cerberus Partners LP | $100,001 - $250,000 |
| The Obsidian Fund LP | $500,001 - $1,000,000 |
| Rockwood Partners LP | $500,001 - $1,000,000 |

Attachment 6 – Pilgrim America High Income Details of Investment Position

| Description | Category of Market Value |
|---|---|
| Capital Note due 2009 | $500,001 - $1,000,000 |

JANE HARMAN
Financial Disclosure Statement

Attachment 7 –JBG Investment Fund I LP - Detail of Holdings

Various commercial real estate properties in the Washington DC area are as follows:

1275 K Street NW
Washington DC

Columbia Hospital Transaction
2400 and 2440 M Street NW
Washington DC

1210 Massachusetts Avenue NW
Washington DC

1300 N Street NW
Washington DC

IBM Technology Campus
Austin Texas

717 6th Street NW
Washington DC

Dulles Business Park II
Chantilly VA

Waterview Project
Rosslyn VA

Twinbrook Metro Park
6006 Executive Boulevard
Rockville Maryland

Woodmont Ground Lease
Bethesda Maryland

Reston Sheraton Hotel/Office
Reston VA

Olde Salem Village Apartments
Fairfax VA

915 E Street
Washington DC

JANE HARMAN
Financial Disclosure Statement

Attachment 8 – Peabody International Real Estate Private Partners LLC - Detail of Holdings

Various commercial real estate properties and companies located outside the United States as follows:

G Accion
S A de CV
Mexico

BEG SA
Europe

Inversiones y
Representaciones
Argentina

HPE Property
Holding GmbH
Germany

Hausbau HRP
Germany

Auriga Immobiliare Srl
Unim Residential
Italy

Iniziative Negozi Sri
Unim Retail
Italy

Uniorias Due Srl
Unim Retail
Italy

Erste Hausbau Portfolio
GmbH
Germany

JANE HARMAN
SCHEDULE H ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

SCHEDULE A
1/5

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,00 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | **Alcatel ADR** | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | **Allianz AG Holdings** | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | **Astrazeneca PLC ADR** | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **Aventis ADR** | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **AXA** | | | | | | X | | | | | | | X | | | X | | | | | | | | X | | | | | | | S |
| SP | **BNP Paibas** | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **Bayerische Hypo-Und Vereins** | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| SP | **BP Amoco PLC ADR** | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **BAE Systems PLC** | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **Cadbury Schweppes PLC ADR** | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **Canon Inc. ADR** | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | **Compaignie de Saint Gobain** | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | **Diageo PLC** | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **E.On AG NPV** | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **Electrolux AB** | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | **Endesa SA ADR** | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **ENI SPA** | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **Fujitsu Ltd. ADR** | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | **Glaxo Smithkline PLC ADR** | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | **Heineken NV ADR** | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | **HSBC Holdings PLC** | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **ING Groep NV ADR** | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| SP | **Invensys** | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | **Investor AB** | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | **KAO Corp. ADR** | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | **Koninklijke Philips Electronics NV** | | | | | | X | | | | | | | X | | | X | | | | | | | | X | | | | | | | S |
| SP | **Lazard Funds Intl Small Cap Portfolio** | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| SP | **Mizuho Holdings** | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | **National Grid Group PLC** | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| SP | **Nippon Telegraph & Telephone Corp. ADR** | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |

SCHEDULE A
2/5

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | Nissan Motor Co. Ltd. | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | NTT Docomo Inc. | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Orix Corp. | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Overseas Chinese Bank | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Portugal Telecom SA | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | Reed International PLC | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | Roche Holdings Ltd. ADR | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Royal Dutch Petroleum NY | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Sakura Bank Ltd. | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | Sankyo Co. Ltd. | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | San Paolo-Imi Spa | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | Siemens AG ADR | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Sony Corp. ADR | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | SSGA MMF | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| SP | Suez Lyonnaise des Eaux | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Svenska Handelsbaken Ser A | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Syngentia AG ADR | | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | S |
| SP | TDK Corp. ADR | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Tele Danmark ADR | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Telefonica SA ADR | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Total Fina S.A. | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | UPM Kymmene Corp. | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| SP | Vivendi Universal | | | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | S |
| SP | Vodafone Airtouch ADR | | | | | | X | | | | | | | X | | | X | | | | | | X | | | | | | | | | S |
| SP | Volvo AB ADR | | | | X | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | S |
| SP | Zurich Financial Services | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Metro AG | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | S |
| SP | Telecom Italian SPA | X | | | | | | | | | | | | | | | X | | | | | | | | | | X | | | | | S |
| SP | National Westminister Bank PLC ADR | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | S |
| SP | Merita Oy Ser A | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | S |

JANE HARMAN

SCHEDULE III ATTACHMENT

SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

SCHEDULE A

3/5

| BLOCK A | | BLOCK B | | | | | | | | | | | | | BLOCK C | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | | Type of Income | | | | | | Amount of Income | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | Celanese AG | X | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | S |
| SP | Michelin | X | | | | | | | | | | | | | | | X | | | | X | | | X | | | | | | | | S |
| SP | Unilever NV | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | S |
| SP | Asahi Breweries Ltd. | X | | | | | | | | | | | | | X | | X | | | | X | | | | | | | | | | | S |
| SP | Fuji Bank Ltd. | X | | | | | | | | | | | | | X | | X | | | | X | | | | | | | | | | | S |
| SP | Daimler Chrysler AG | X | | | | | | | | | | | | | X | | X | | | | X | | | | | | | | | | | S |
| SP | Imperial Chemical Inds PLC ADR | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | S |
| SP | Royal & Sun Alliance | X | | | | | | | | | | | | | X | | X | | | | X | | | | | | | | | | | S |
| SP | Thyssen Krupp AG | X | | | | | | | | | | | | | X | | X | | | | X | | | | | | | | | | | S |
| SP | Granada Compass | X | | | | | | | | | | | | | X | | X | | | | X | | | | | | | | | | | S |
| SP | JP Morgan Tax Exempt Fund | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |
| SP | Dreyfus Treasury Prime Cash Mgmt | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |
| SP | Apple Computer | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | California St 10/1/05 | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | |
| SP | California DPW 12/1/09 | | | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | P |
| SP | California EFA 10/1/10 | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | P |
| SP | California St. PW 12/1/06 | | | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | |
| SP | California St. 12/1/08 | | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| SP | California St. Veterans 12/1/09 | | | | | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | |
| SP | Contra Costa CA 10/1/10 | | | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | |
| SP | Dreyfus Treasury Prime Cash Mgmt | | | | | | | | X | | | | | | | X | | | | | | | | | | | X | | | | | |
| SP | Honolulu HI 7/1/03 | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | P |
| SP | Kansas St. 9/1/07 | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | P |
| SP | Los Angeles Co. CA 7/1/11 | | | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | P |
| SP | Los Angeles Co. CA 6/1/13 | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | P |
| SP | Los Angeles Co. CA 7/1/14 | | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | | P |
| SP | MAC NY 7/1/06 | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | P |
| SP | Orange County CA 2/15/17 | | | | | | | | X | | | | | | | X | | | | | | | | | | | | X | | | | |
| SP | Phoenix AZ 7/1/06 | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | P |
| SP | Phoenix AZ 7/1/17 | | | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | P |

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

Schedule A
4/5

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | BLOCK D | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | Amount of Income | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $3,000,000 | J $3,000,001 - $25,000,000 | K $25,000,001 - $50,000,00 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Exempted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | FHLB 8/15/03 | X | | | | | | | | | | | | | X | X | | | | | | | | | X | | | | | P,S |
| SP | USTN 2/28/02 | | | | | | | | | X | | | | | X | | | | | | | X | | | | | | | | P |
| SP | USTN 2/15/03 | | | | | | | | | X | | | | | X | | | | | | | | | | X | | | | | P |
| SP | Henderson NV 9/1/01 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | Maricopa Cnty AZ 7/1/03 | X | | | | | | | | | | | | | X | X | | | | | | | X | | | | | | | S |
| SP | NJ St Transit Authority 9/15/03 | X | | | | | | | | | | | | | X | X | | | | | | | | X | | | | | | S |
| SP | San Antonio TX 8/1/04 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | USTN 11/15/01 | X | | | | | | | | | | | | | X | X | | | | | | | | | X | | | | | S |
| SP | Puerto Rico Electric Pwr 7/1/01 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | CA St Department of Water 6/1/06 | X | | | | | | | | | | | | | X | X | | | | | | | | | X | | | | | S |
| SP | Contra Costa CA 3/1/04 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | Sacremento CA 11/1/01 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | West & Central Basin CA 8/1/02 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | USTN 5/15/08 | X | | | | | | | | | | | | | X | X | | | | | | | | | X | | | | | S |
| SP | Los Angeles CA 5/15/07 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FFCB 10/30/09 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FFCB 5/28/13 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FHLB 8/5/04 | X | | | | | | | | | | | | | X | X | | | | | | | | X | | | | | | S |
| SP | FFCB 6/16/10 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FFCB 12/3/08 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FHLB 7/23/07 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FHLB 10/19/05 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FHLB 1/13/03 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FHLB 10/7/08 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FHLB 10/6/04 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | Tennessee Valley Authority 8/20/01 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FHLB 8/27/07 | X | | | | | | | | | | | | | X | X | | | | | | | | X | | | | | | S |
| SP | FHLB 12/23/02 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FHLB 10/15/03 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | FHLB 2/17/09 | X | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |

SCHEDULE A
5/5

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,00 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | **FHLB 12/13/06** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | | S |
| SP | **Dreyfus Treasury Prime Cash Mgmt** | X | | | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | S |

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN JP MORGAN ACCOUNT

SCHEDULE B

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | Amount of Income | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | JP Morgan Cash | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| SP | China Com Corp. (Short Sale) | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | S |
| SP | F5 Networks (Short Sale) | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | S |
| SP | Foundry Networks (Short Sale) | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | S |
| SP | Lifeminders.com (Short Sale) | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | S |
| SP | Mediaplex (Short Sale) | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | S |
| SP | Netcentives (Short Sale) | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | S |
| SP | Plug Power (Short Sale) | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | S |
| SP | Sciquest.com (Short Sale) | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | S |
| SP | Vitra Technologies (Short Sale) | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | S |
| SP | Voicestream Wireless (Short Sale) | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | S |

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

SCHEDULE C
1/2

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,0 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excerpted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | **Dreyfus Treasury Prime Cash Mgmt** | | | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | |
| SP | **JP Morgan Emerging Markets Debt Fund** | | | | | | | | | X | | | | X | | | X | | | | | | | | | | | X | | | P,S |
| SP | **JP Morgan International Short Term Bond Fund** | | | | | | | | | | X | | | X | | | X | | | | | | | | | | | X | | | P,S |
| SP | **Harman International Industries** | | | | | | | | | | X | | | X | | | | | | | | | | | | X | | | | | |
| SP | **Associates Corp. 10/11/01** | X | | | | | | | | | | | | | | X | X | | | | | | | | | X | | | | | S |
| SP | **Citibank Credit Card Master Trust 8/15/06** | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | S |
| SP | **Countrywide Mortgage Backed Securities 4/25/27** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **E I DuPont de Nemours 10/15/04** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FHLMC 4/1/27** | X | | | | | | | | | | | | | | X | X | | | | | | | X | | | | | | | S |
| SP | **FHLMC 10/15/21** | X | | | | | | | | | | | | | | X | X | | | | | | X | | | | | | | | S |
| SP | **First Chicago NBD Corp. 3/15/02** | X | | | | | | | | | | | | | | X | X | | | | | | | | X | | | | | | S |
| SP | **FNMA 1/1/29** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 1/1/30** | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 3/1/16** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 4/1/09** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 4/1/29** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 4/1/29** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 4/1/29** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 6/1/12** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 7/1/11** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 7/1/12** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 8/15/04** | X | | | | | | | | | | | | | | X | X | | | | | | | | X | | | | | | S |
| SP | **FNMA 9/15/09** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 11/1/24** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 12/1/24** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 12/1/28** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **FNMA 12/1/29** | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | S |
| SP | **Ford Motor Credit Co. 1/12/09** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **Ford Motor Credit Co. 10/28/09** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | **GMAC 2/7/02** | X | | | | | | | | | | | | | | X | X | | | | | | | | | X | | | | | S |
| SP | **GNMA 7/15/27** | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |

1774

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

SCHEDULE C
2/2

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | Amount of Income | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,0 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excerpted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | GNMA 8/15/26 | X | | | | | | | | | | | | | | X | X | | | | | | | X | | | | | | | S |
| SP | GNMA 11/15/23 | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | Green Tree Financial Corp. 4/15/19 | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | Household Finance Corp. 2/27/03 | X | | | | | | | | | | | | | | X | X | | | | | | | | X | | | | | | S |
| SP | Nationsbank Corp. 4/3/02 | X | | | | | | | | | | | | | | X | X | | | | | | | | X | | | | | | S |
| SP | Newcourt Equipment Trust Securities 8/20/01 | X | | | | | | | | | | | | | | X | X | | | | | | | X | | | | | | | S |
| SP | Residential Funding Mortgage Securities 3/25/13 | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | Salomon Brothers Mortgage Securities 12/25/30 | X | | | | | | | | | | | | | | X | X | | | | | X | | | | | | | | | S |
| SP | Sears Credit Account Master Trust 3/15/05 | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | Sears Roebuck Acceptance Corp. 2/24/04 | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | Westpac Banking Corp. 10/15/02 | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | Worldcom Inc. 8/15/05 | X | | | | | | | | | | | | | | X | X | | | | | | | X | | | | | | | S |
| SP | TINT UST 5/15/08 | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | USTB 11/15/12 | X | | | | | | | | | | | | | | X | X | | | | X | | | | | | | | | | S |
| SP | USTN 2/28/01 | X | | | | | | | | | | | | | | X | X | | | | | | | X | | | | | | | S |
| SP | USTN 9/30/01 | X | | | | | | | | | | | | | | X | X | | | | | | | | X | | | | | | S |
| SP | USTN 11/30/00 | X | | | | | | | | | | | | | | X | X | | | | | | X | | | | | | | | S |
| SP | Pan Capital LLC | | | | | | | | | X | | | | | | | | | | Partnership | | | | | | X | | | | | |

Schedule D

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 15 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,0 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | Fidelity California Muni MMF | X | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | WR Hambrecht Prime Cash Series | | | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| SP | Scudder International Fund | | | | | | X | | | | | | | X | | | X | | | | | | | | | | X | | | | | P |
| SP | Vanguard Index Trust S&P 500 | | | | | | | | X | | | | | X | | | X | | | | | | | | | | | X | | | | S |
| SP | Liberty Acorn International | X | | | | | | | | | | | | X | | | X | | | | | | | | | | | X | | | | S |
| SP | Bank of New York Cash Reserve | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | Harman International Industries | | | | | | | | | X | | | | X | | | | | | | | | | | X | | | | | | | |
| SP | Service 911 | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Olliance | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Brightlink | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | LuxN | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | MyCustoms.com | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |

SCHEDULE E
1/5

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excerpted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | Ade Corp-Mass | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Aehr Test Sys. | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Agilent Technologies | X | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| SP | Alico Inc. | | | | X | | | | | | | | | X | | | | | | | | | | | | X | | | | | | S |
| SP | Alltel Corp. | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | America Online Inc. | | | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | P |
| SP | Amgen Inc. | | | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Analogic Corp. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | Andover Bancorp Inc. | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| SP | Andrew Corp. | X | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| SP | Bandag Inc. | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | S |
| SP | Bank of New York Cash Reserve | | | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | |
| SP | Bear Stearns Companies, Inc. | | | | | | X | | | | | | | X | | | X | | | | | | | | | X | | | | | | |
| SP | BHC Communications Inc. Cl A | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | Brush Engineered Materials | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| SP | Cameo Int'l | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | |
| SP | Careinsite Inc. | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | P,S |
| SP | Cavalier Homes Inc. | X | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | S |
| SP | Charles Schwab Corp. | | | | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | | S |
| SP | Charter One Financial | | | | | | | X | | | | | | X | | | | | | | | | | | | X | | | | | | S |
| SP | Chittenden Corp. | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| SP | Chris-Craft Industries Inc. | | | | | | | X | | | | | | | | | X | | | | | | X | | | | | | | | | |
| SP | Cisco Systems Inc. | | | | | | | | | X | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Clear Channel Communications Inc. | | | | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| SP | Cognos Inc. | | | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | S |
| SP | Computer Associates Int'l | | | | | | | | X | | | | | | | | | | | | | | | | | | | X | | | | S |
| SP | Connecticut Bancshares | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Costco Whsl Corp. | | | | | | X | | | | | | | | | | X | | | | X | | | | | | | | | | | P |
| SP | Datascope Corp. | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | P,S |
| SP | Deltic Timber Corp. | X | | | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | | |
| SP | Dime Bancorp Inc. | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | S |

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

SCHEDULE E
2/5

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | Amount of Income | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | Dresdner RCM International Fund | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | S |
| SP | Dreyfus Treasury Prime Cash Mgmt | | | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | |
| SP | Dundee Bancorp Inc. | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Electro Rent Corp. | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Eli Lily & Co. | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | S |
| SP | Enron Corp. | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | P |
| SP | Equifax Inc. | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| SP | Escient Inc. | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Estee Lauder Companies | | | | | | | X | | | | | | X | | | X | | | X | | | | | | | | | | | P |
| SP | Fab Inds Inc. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| SP | Fahnenstock Viner Holdings Inc. Cl A | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| SP | Federal MM Sweep Fund (JP Morgan) | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | |
| SP | Fidelity California Muni MMF | | | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| SP | Firepond Inc. | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | P,S |
| SP | First American Financial Corp. | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| SP | Forest City Enterprises Inc. Cl A | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| SP | Genentech Inc. | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | General Electric Co. | | | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | P |
| SP | Globstar Telecommunications | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Grant Prideco Inc. | X | | | | | | | | | | | | | | | X | | | | | | | | | | X | | | | S |
| SP | Guidant Corp. | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | S |
| SP | Harley Davidson Inc. | | | | | | | X | | | | | | X | | | | | | | | | X | | | | | | | | P |
| SP | Harman International Industries | | | | | | | | | X | | | | X | | | | | | | | | | | X | | | | | | |
| SP | Harrahs Entertainment Inc. | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Hewlett Packard Company | X | | | | | | | | | | | | X | | | X | | | X | | | | | | | | | | | S |
| SP | Imation Corp. | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | Independence Community Bank | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| SP | Industrial Bancorp Inc. | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| SP | Inhale Therapeutic Sys. | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Intel Corp. | | | | | | | X | | | | | | X | | | X | | | | | | | | | | | X | | | S |
| SP | International Game Technology | | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | S |

SCHEDULE E
3/5

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| BLOCK A | | BLOCK B | | | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | Interstate Bakeries Corp. | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | | P |
| SP | JDS Uniphase Corp. | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | | S |
| SP | Kimball International Inc. Cl B | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | Knight Ridder | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | | P |
| SP | Lam Resh Corp. | X | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | S |
| SP | Landamercia Financial Corp. | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| SP | Lawson Products Inc. | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | Libbey Inc. | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | | P |
| SP | Marcus Corp. | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | Marsh & McClennan | | | | | | X | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| SP | McClatchy Co. | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | | P |
| SP | Mentor Graphics Corp. | | | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | S |
| SP | Merck & Co. | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | | P |
| SP | Microsoft Corp. | | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| SP | Midas Inc. | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | P |
| SP | Millenium Pharmaceuticals | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | | P |
| SP | Miller Herman Inc. | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | | | P |
| SP | Mine Safety Appliances Co. | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | |
| SP | Nokia Corp. | | | | | | | | X | | | | | X | | | X | | | | | | | | | | | | X | | | | S |
| SP | NTT Mobile Communications Network | K | | | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | | | S |
| SP | Oracle Corporation | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | | S |
| SP | Paine Webber Group Inc. | X | | | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | | | S |
| SP | PE Corp PE Biosystems Group | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | | S |
| SP | Penn Engineering & Mfg. Corp. | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | | |
| SP | Pfizer Inc. | | | | | | | | X | | | | | X | | | | | | | | | | | X | | | | | | | | |
| SP | Pitney Bowes | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | | P |
| SP | Pittway Corp. | X | | | | | | | | | | | | X | | | X | | | | | | | | | | | | X | | | | S |
| SP | Pope Resources Depositary Unit LP | | | | | X | | | | | | | | | | | | | | Partnership | | | | X | | | | | | | | | |
| SP | Progress Software Corp. | | | | | X | | | | | | | | | | | X | | | | | | | | | X | | | | | | | S |
| SP | Qualcomm Inc. | | | | | | X | | | | | | | | | | X | | | | | | | | | | | | X | | | | S |
| SP | Quorum Health Group Inc. | X | | | | | | | | | | | | | | | X | | | | | | | | | | | X | | | | | S |

SCHEDULE E
4/5

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | Qwest Communications Intl Inc. | | | | | | | X | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Raymond James Financial Inc. | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Roadway Express Inc. | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | RR Donnelley & Sons, Co. | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Ryans Family Steakhouse | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Scientific Games Holdings Corp. | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | S |
| SP | Scotts Co. Cl A | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | S |
| SP | SDL Inc. | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Sepracor Inc. | X | | | | | | | | | | | | | | | X | | | | | | | | | | | X | | | | S |
| SP | Shaw Industries Inc. | | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Skyline Corp. | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Sotheby's Hldgs Inc. | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Stewart Information Services | X | | | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | | S |
| SP | Superior Industries International Inc. | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Switchboard Inc. | X | | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | P, S |
| SP | Sysco Corp. | | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| SP | Texas Industries Inc. | | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Topps Company Inc. | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Trinity Industries Inc. | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| SP | Triumph Group Inc. | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Tyco International Ltd. | | | | | | X | | | | | | | X | | | X | | | | | | | | | X | | | | | | S |
| SP | Tycom Ltd. | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | UBS AG | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | S |
| SP | UCBH Holdings Inc. | | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | United Asset Management Corp. | X | | | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | S |
| SP | United Parcel Service Inc. | X | | | | | | | | | | | | X | | | X | | | | | | | | X | | | | | | | S |
| SP | United Stationers Inc. | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | |
| SP | United Television Inc. | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Universal Health REIT | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | Universal Health Services Inc. | X | | | | | | | | | | | | | | | X | | | | | | | | | | | X | | | | S |
| SP | Valassis Communications | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | P |

Schedule E
5/5

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| BLOCK A | | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asset and/or Income Source | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | | Transaction |
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | Dividends | Rent | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | |
| SP | Veritas Software Co. | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| SP | Vireo Mfg. Co. | | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | Vital Signs Inc. | X | | | | | | | | | | | | X | | | X | | | | | | | | | X | | | | | | S |
| SP | Vodafone ADS | | | | | | | X | | | | | | X | | | | | | | | | | | X | | | | | | | |
| SP | Walgreen Company | | | | | | | X | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | Warner Lambert Co. | X | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | E |
| SP | Weatherford Intl Inc. | | | | | | | X | | | | | | | | | X | | | | X | | | | | | | | | | | |
| SP | Weis Markets Inc. | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | West Pharmaceutical Svcs | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| SP | Winstar Communications Inc. | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | S |
| SP | Worldcom | X | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | S |

SCHEDULE F
1/2

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**
**ATTACHMENT**

JANE HARMAN
The Lakes Descendants Trusts
Bear Stearns, San Francisco CA

| S D JT | BLOCK A ASSET AND/OR INCOME SOURCE | BLOCK B VALUE OF ASSET | | | | | | | | | | | | | | BLOCK C TYPE OF INCOME | | | | | | | BLOCK D AMOUNT OF INCOME | | | | | | | | | | BLOCK E TRANS-ACTION | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | None | $1 - $1000 | $1,001 - $15,000 | $15,001 - $50,000 | $50,001 - $100,000 | $100,001 - $250,000 | $250,001 - $500,000 | $500,001 - $1,000,000 | $1,000,001 - $5,000,000 | $5,000,001 - $25,000,000 | $25,000,001 - $50,000,000 | Over $50,000,000 | Dividends | Rent and Royalties | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | None | $1 - $200 | $201 - $1,000 | $1,001 - $2,500 | $2,501 - $5,000 | $5,001 - $15,000 | $15,001 - $50,000 | $50,001 - $100,000 | $100,001 - $1,000,000 | $1,000,001 - $5,000,000 | Over $5,000,000 | P | S | E |
| | Ca Tax Free Money Market Fund | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | | | |
| | LA DWP Elec Plt 9/15/00 | X | | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | | S | | |
| | LA DWP Elec Plnt 4/1/02 | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | LA DWP Elec Plt 1/15/01 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Santa Clara COPS Multi FAC 5/15/02 | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | CA ST Pub Wks Brd Soldad 11/1/04 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | San Bernardino CRFA Cap Facs 8/1/01 | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | San Francisco Comm Intl Airport 5/1/04 | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Corona CA CTFS Partn Wtr System 6/1/02 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Orchard CA School District 8/1/05 | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | Sacramento CA RDA Tax Allocation 11/1/00 | X | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | S | | |
| | Santa Rosa CA Hospital 3/1/11 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | CA HFA Rev Home Mortgage Ser J 8/1/08 | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | LA CTFS Equip/Real Ppty 12/1/06 | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Walnut Vly Wtr Dist Cops 2/1/08 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | E Side Un HSD Santa Clara 9/1/06 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | LA CO Pub Wks Fing Auth 9/1/06 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | Santa Clara HSG Orch Apt 5/1/03 | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | Univ CA Multi Purp PJ Ser C 9/1/03 | X | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | S | | |
| | CA State GO 10/1/09 | X | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | S | | |
| | CA State GO 10/1/09 | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | | | |
| | Conejo Valley USSD 8/1/08 | X | | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | P | S | |
| | Univ CA Multi Purp PJ Ser C 9/1/03 | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | P | | |

SCHEDULE F
2/2

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

**ATTACHMENT**

JANE HARMAN
The Lakes Descendants Trusts
Bear Stearns, San Francisco CA

| S | BLOCK A | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | BLOCK D | | | | | | | | | BLOCK E | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D | ASSET AND/OR INCOME SOURCE | YEAR - END | | | | | | | | | | | | TYPE | | | | | AMOUNT OF INCOME | | | | | | | | | TRANS- | |
| JT | | VALUE OF ASSET | | | | | | | | | | | | OF INCOME | | | | | | | | | | | | | | ACTION | |
| | | None | $1 - $1000 | $1,001 - $15,000 | $15,001 - $50,000 | $50,001 - $100,000 | $100,001 - $250,000 | $250,001 - $500,000 | $500,001 - $1,000,000 | $1,000,001 - $5,000,000 | $5,000,001 - $25,000,000 | $25,000,001 - $50,000,000 | Over $50,000,000 | Dividends | Rent and Royalties | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | None | $1 - $200 | $201 - $1,000 | $1,001 - $2,500 | $2,501 - $5,000 | $5,001 - $15,000 | $15,001 - $50,000 | $50,001 - $100,000 | $100,001 - $1,000,000 | $1,000,001 - $5,000,000 | Over $5,000,000 | P | S | E |
| Campbell CA CTFS 10/1/01 | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | P | | |
| Walnut IMPT Proj 9/1/02 | | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | P | | |
| LA Harbor Dept 8/1/05 | | | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | | | P | | |
| LA DWAP 4/1/02 | | | | | X | | | | | | | | | | | X | | | | | | X | | | | | | | | | | P | | |
| Mesa Cons Wtr Dist 3/15/08 | | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | | | P | | |
| Beverly Hills USD 6/1/09 | | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | P | | |
| Palm DR Health Cate 8/1/12 | | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | | | P | | |
| Milpitas USD 9/1/06 | | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | | | P | | |
| Montebello Cmnty Redev 3/1/07 | | | | | X | | | | | | | | | | | X | | | | X | | | | | | | | | | | | P | | |
| Partnership: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | P | | |
| Women's Growth Capital Fund I LLLP | | | | | | X | | | | | | | | | | X | | | | X | | | | | | | | | | | | P | | |
| (Primary purpose is to invest expansion capital | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| in women-owned businesses. See Attchmt 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SCHEDULE G

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME** — JANE HARMAN

**ATTACHMENT** — The Lakes Descendants Trusts, Bear Stearns, San Francisco CA

| SP | BLOCK A | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | BLOCK D | | | | | | | | | | BLOCK E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | ASSET AND/OR INCOME SOURCE | YEAR - END | | | | | | | | | | | | TYPE | | | | | | AMOUNT OF INCOME | | | | | | | | | | TRANS- |
| JT | | VALUE OF ASSET | | | | | | | | | | | | OF INCOME | | | | | | | | | | | | | | | | ACTION |
| | | None | $1 - $1000 | $1,001 - $15,000 | $15,001 - $50,000 | $50,001 - $100,000 | $100,001 - $250,000 | $250,001 - $500,000 | $500,001 - $1,000,000 | $1,000,001 - $5,000,000 | $5,000,001 - $25,000,000 | $25,000,001 - $50,000,000 | Over $50,000,000 | Dividends | Rent and Royalties | Interest | Capital Gains | Excepted Trust | Qualified Blind Trust | Other Type of Income | None | $1 - $200 | $201 - $1,000 | $1,001 - $2,500 | $2,501 - $5,000 | $5,001 - $15,000 | $15,001 - $50,000 | $50,001 - $100,000 | $100,001 - $1,000,000 | $1,000,001 - $5,000,000 | Over $5,000,000 | P | S | E |
| DC | Ca Tax Free Money Market Fund | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | | |
| DC | LA DWP Elec Plant 4/1/02 | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| DC | Santa Clara COPS Multi FAC 5/15/02 | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| DC | Anaheim CA Elec Systems CTFS 10/1/00 | X | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | S |
| DC | Corona CA CTFS Partn Wtr System 6/1/02 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| DC | San Jose Redevelopment Agency 11/1/01 | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| DC | Pioneer Memorial Hospital 10/1/04 | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| DC | Turlock CA Irrigation Dist 1/1/08 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| DC | Thousand Oaks CTFS Wastewater Sys 10/1/08 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| DC | Anaheim CA Pub Fin Auth 4/1/03 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| DC | Lancaster CA Redev Agy 8/1/02 | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| DC | CA Hsg Fin Agy Rev Hm Mtg 8/1/08 | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| DC | Santa Clara Hsg Orch Apt 5/1/03 | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| DC | Montebello Cmnty Redev Agcy 3/1/08 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| DC | Conejo Valley USD 8/1/08 | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | P | |
| DC | Port Oakland Ser H 11/1/09 | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | P | |
| DC | Monrovia USD 4/1/08 | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | P | |
| DC | CA Statewide Getty 10/1/04 | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | P | |
| DC | SD Univ Parking System 11/1/08 | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | P | |
| DC | CA State GO Veterans 12/1/08 | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | | P | |
| DC | Sacramento CA MUD Elec Rev 10/15/18 | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | P | |
| DC | CA State GO 1/26/01 | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | P | |

SCHEDULE H

1/4

JANE HARMAN

SCHEDULE IV ATTACHMENT

SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

| Asset | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,0 | K Over $50,000,000 |
| SP | Metro AG | | X | | 01/25/00 | | | X | | | | | | | |
| SP | Telecom Italian SPA | | X | | 02/10/00 | | | | X | | | | | | |
| SP | National Westminister Bank PLC ADR | | X | | 02/16/00 | | | X | | | | | | | |
| SP | Merita Oy Ser A | | X | | 03/01/00 | | X | | | | | | | | |
| SP | Celanese AG | | X | | 03/03/00 | X | | | | | | | | | |
| SP | Michelin | | X | | 03/31/00 | | X | | | | | | | | |
| SP | Unilever NV | | X | | 03/31/00 | | | X | | | | | | | |
| SP | Azahi Breweries Ltd. | | X | | 04/03/00 | | | X | | | | | | | |
| SP | Vivendi wt. | | X | | 04/03/00 | X | | | | | | | | | |
| SP | Vodaphone Airtouch PLC C-1-L | | X | | 04/06/00 | | | | | | | | | | |
| SP | Fuji Bank Ltd. | | X | | 04/12/00 | | | X | | | | | | | |
| SP | AXA rts. | | X | | 05/23/00 | X | | | | | | | | | |
| SP | DaimlerChrysler AG | | X | | 05/23/00 | | | X | | | | | | | |
| SP | Volvo AB ADR rts. | | X | | 07/19/00 | | | | | | | | | | |
| SP | Imperial Chemical Inds PLC ADR | | X | | 08/11/00 | | | X | | | | | | | |
| SP | Royal & Sun Alliance | | X | | 08/14/00 | | X | | | | | | | | |
| SP | Koninklijke Phillips Electronics NV C-1-L | | X | | 08/17/00 | | | | | | | | | | |
| SP | Thyssen Krupp AG | | X | | 11/10/00 | | X | | | | | | | | |
| SP | Granada Compass | | X | | 11/14/00 | | X | | | | | | | | |
| SP | Syngentia AG ADR | | X | | 11/30/00 | | | | | | | | | | |
| SP | Allianz AG Holdings | X | | | 05/31/00 | | | X | | | | | | | |
| SP | Allianz AG Holdings | X | | | 08/22/00 | | X | | | | | | | | |
| SP | Bayerische Hypo-Und Vereins | X | | | 01/24/00 | | X | | | | | | | | |
| SP | Bayerische Hypo-Und Vereins | X | | | 04/19/00 | | | X | | | | | | | |
| SP | Fujitsu Ltd. ADR | X | | | 04/28/00 | | | X | | | | | | | |
| SP | ING Groep NV ADR | X | | | 04/11/00 | | X | | | | | | | | |

SCHEDULE H
2/4

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

| | Asset | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,0 | K Over $50,000,000 |
| SP | Investor AB | X | | | 08/15/00 | | | X | | | | | | | |
| SP | Lazard Funds Intl Small Capitalization Portfolio | X | | | 08/08/00 | X | | | | | | | | | |
| SP | Lazard Funds Intl Small Capitalization Portfolio | X | | | 12/19/00 | X | | | | | | | | | |
| SP | National Grid Group PLC | X | | | 04/28/00 | | X | | | | | | | | |
| SP | Nissan Motor Company Ltd. | X | | | 02/29/00 | | | X | | | | | | | |
| SP | Portugal Telecom SA | X | | | 02/02/00 | | | X | | | | | | | |
| SP | Sakura Bank Ltd. | X | | | 04/03/00 | | | X | | | | | | | |
| SP | Imperial Chemical Inds PLC ADR | X | | | 04/19/00 | | | X | | | | | | | |
| SP | California DPW 12/1/09 | X | | | 11/21/00 | | | | | X | | | | | |
| SP | California EFA 10/1/10 | X | | | 03/01/00 | | | | | | X | | | | |
| SP | Honolulu HI 7/1/03 | X | | | 07/26/00 | | | | | | X | | | | |
| SP | Kansas ST 9/1/07 | X | | | 07/06/00 | | | | | | X | | | | |
| SP | Los Angeles CA 7/1/11 | X | | | 06/16/00 | | | | | | | X | | | |
| SP | Los Angeles CA 6/1/13 | X | | | 05/22/00 | | | | X | | | | | | |
| SP | Los Angeles CA 7/1/14 | X | | | 12/12/00 | | | | X | | | | | | |
| SP | MAC NY 7/1/06 | X | | | 07/06/00 | | | | | | X | | | | |
| SP | Phoenix AZ 7/1/06 | X | | | 07/07/00 | | | | | | X | | | | |
| SP | Phoenix AZ 7/1/17 | X | | | 07/20/00 | | | | | | X | | | | |
| SP | FHLB 8/15/03 | X | | | 11/17/00 | | | | | | | X | | | |
| SP | USTN 2/28/02 | X | | | 12/27/00 | | | | | | | X | | | |
| SP | USTN 2/15/03 | X | | | 11/17/00 | | | | | | | X | | | |
| SP | Maricopa Cnty AZ 7/1/03 | X | | | 10/10/00 | | | | | | X | | | | |
| SP | NJ St Transit 9/15/03 | X | | | 10/11/00 | | | | | | X | | | | |
| SP | USTN 11/15/01 | X | | | 08/16/00 | | | | | | | X | | | |
| SP | Henderson NV 9/1/01 | X | | | 07/20/00 | | | | | | X | | | | |
| SP | San Antonio TX 8/1/04 | X | | | 07/21/00 | | | | | | X | | | | |

Schedule IV
3/4

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

| | Asset | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,0 | K Over $50,000,000 |
| SP | USTN 5/15/08 | X | | | 01/31/00 | | | | | | X | | | | |
| SP | FHLB 8/15/03 | | X | | 12/29/00 | | | | X | | | | | | |
| SP | Henderson NV 9/1/01 | | X | | 11/22/00 | | | | | | X | | | | |
| SP | Maricopa Cnty AZ 7/1/03 | | X | | 11/22/00 | | | | | | X | | | | |
| SP | NJ St Transit 9/15/03 | | X | | 11/10/00 | | | | | | X | | | | |
| SP | San Antonio TX 8/1/04 | | X | | 11/22/00 | | | | | | X | | | | |
| SP | USTN 11/15/01 | | X | | 10/06/00 | | | | | | | X | | | |
| SP | Puerto Rico Elec Pwr 7/1/01 | | X | | 08/15/00 | | | | | | | X | | | |
| SP | CA St Dept of Water 6/1/06 | | X | | 07/11/00 | | | | | | | X | | | |
| SP | Contra Costa CA Transit 3/1/04 | | X | | 07/11/00 | | | | | | | X | | | |
| SP | Los Angeles CA 5/15/07 | | X | | 07/21/00 | | | | | | | X | | | |
| SP | Sacremento CA 11/1/01 | | X | | 07/10/00 | | | | | | | X | | | |
| SP | West & Central Bulan CA 8/1/02 | | X | | 06/21/00 | | | | | | | X | | | |
| SP | USTN 5/15/08 | | X | | 03/06/00 | | | | | | X | | | | |
| SP | Apple Computer | X | | | 10/10/00 | | | | X | | | | | | |
| SP | VEBA (E. On AG NPV) | | | X | 06/30/00 | | | | | | | | | | |
| SP | Industrial Bank of Japan (Mizuho Holdings) | | | X | 10/03/00 | | | | | | | | | | |
| SP | NTT Mobile Communications (NTT Docomo Inc.) | | | X | 04/24/00 | | | | | | | | | | |
| SP | Lyonnaise des Eaux Dumez (Suez Lyonnaise des Eaux) | | | X | 04/28/00 | | | | | | | | | | |
| SP | Allied Zurich PLC (Zurich Financial) | | | X | 10/20/00 | | | | | | | | | | |
| SP | Zurich Allied AG (Zurich Financial) | | | X | 10/20/00 | | | | | | | | | | |
| SP | FFCB 10/30/09 | | X | | 05/31/00 | | | | | X | | | | | |
| SP | FFCB 5/28/13 | | X | | 05/30/00 | | | | | X | | | | | |
| SP | FHLB 8/5/04 | | X | | 06/06/00 | | | | X | | | | | | |
| SP | FFCB 6/16/10 | | X | | 05/30/00 | | | | | | X | | | | |
| SP | FFCB 12/3/08 | | X | | 06/07/00 | | | | | X | | | | | |

SCHEDULE H
4/4

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

| Asset | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,0 | K Over $50,000,000 |
| SP | FHLB 7/23/07 | | X | | 06/06/00 | | | | | X | | | | | |
| SP | FHLB 10/19/05 | | X | | 05/30/00 | | | | | X | | | | | |
| SP | FHLB 1/13/03 | | X | | 06/06/00 | | | | | X | | | | | |
| SP | FHLB 10/7/08 | | X | | 05/30/00 | | | | | X | | | | | |
| SP | FHLB 10/6/04 | | X | | 06/06/00 | | | | | X | | | | | |
| SP | Tennessee Valley Authority 8/20/01 | | X | | 03/07/00 | | | | | X | | | | | |
| SP | FHLB 8/27/07 | | X | | 06/06/00 | | | | | X | | | | | |
| SP | FHLB 12/23/02 | | X | | 06/26/00 | | | | | X | | | | | |
| SP | FHLB 10/15/03 | | X | | 05/30/00 | | | | | X | | | | | |
| SP | FHLB 2/17/09 | | X | | 06/06/00 | | | | | X | | | | | |
| SP | FHLB 12/13/06 | | X | | 05/30/00 | | | | | X | | | | | |

SCHEDULE I

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN JP MORGAN ACCOUNT

| Asset | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
| SP | China Com Corp. (Short Sale) | | X | | 02/10/00 | | X | | | | | | | | |
| SP | F5 Networks (Short Sale) | | X | | 02/10/00 | | X | | | | | | | | |
| SP | Foundry Networks (Short Sale) | | X | | 02/10/00 | | X | | | | | | | | |
| SP | Lifeminders.com (Short Sale) | | X | | 02/10/00 | | X | | | | | | | | |
| SP | Mediaplex (Short Sale) | | X | | 02/10/00 | | | X | | | | | | | |
| SP | Netcentives (Short Sale) | | X | | 02/10/00 | | X | | | | | | | | |
| SP | Plug Power (Short Sale) | | X | | 02/10/00 | | X | | | | | | | | |
| SP | Sciquest.com (Short Sale) | | X | | 02/10/00 | | X | | | | | | | | |
| SP | Vitra Technologies (Short Sale) | | X | | 02/10/00 | | X | | | | | | | | |
| SP | Voicestream Wireless (Short Sale) | | X | | 02/10/00 | | X | | | | | | | | |

SCHEDULE J

1/3

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

| Asset | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,00 | K Over $50,000,000 |
| SP | JP Morgan Emerging Markets Debt Fund | X | | | 01/12/00 | | | | | | X | | | | |
| SP | Household Finance Corp. 2/27/03 | | X | | 01/18/00 | | | | | | X | | | | |
| SP | Countrywide Mortgage Backed Securities 8/25/27 | | X | | 01/18/00 | | | | | X | | | | | |
| SP | Citibank Credit Card Master Trust 8/15/06 | | X | | 01/18/00 | | | | X | | | | | | |
| SP | FHLMC 10/15/21 | | X | | 01/18/00 | | | | | X | | | | | |
| SP | Green Tree Financial Corp. 4/15/19 | | X | | 01/18/00 | | | | X | | | | | | |
| SP | Newcourt Equipment Trust Securities 8/20/01 | | X | | 01/18/00 | | | | | X | | | | | |
| SP | Salomon Brothers Mortgage Securities 12/25/30 | | X | | 01/18/00 | | X | | | | | | | | |
| SP | FNMA 10/15/21 | | X | | 01/27/00 | | | | X | | | | | | |
| SP' | FNMA 1/1/30 | | X | | 01/19/00 | | | | | X | | | | | |
| SP | JP Morgan Institutional Short Term Bond Fund | X | | | 01/25/00 | | | | | | | X | | | |
| SP | Associates Corp North America 10/11/01 | | X | | 01/25/00 | | | | | | X | | | | |
| SP | El Du Pont De Nemours & Co. 10/15/04 | | X | | 01/25/00 | | | | X | | | | | | |
| SP | FHLMC 4/1/27 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | FNMA 8/15/04 | | X | | 01/25/00 | | | | | | X | | | | |
| SP | FNMA 9/15/09 | | X | | 01/25/00 | | | | | | X | | | | |
| SP | FNMA 3/1/16 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | FNMA 12/1/24 | | X | | 01/25/00 | | | | X | | | | | | |
| SP | FNMA 7/1/11 | | X | | 01/25/00 | | | | X | | | | | | |
| SP | FNMA 12/1/28 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | FNMA 11/1/24 | | X | | 01/25/00 | X | | | | | | | | | |
| SP | FNMA 4/1/09 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | FNMA 6/1/12 | | X | | 01/25/00 | | | | X | | | | | | |
| SP | FNMA 7/1/12 | | X | | 01/25/00 | | | | X | | | | | | |
| SP | FNMA 1/1/29 | | X | | 01/25/00 | | | | X | | | | | | |

SCHEDULE J

2/3

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

| | Asset | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,00 | K Over $50,000,000 |
| SP | FNMA 4/1/29 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | FNMA 4/1/29 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | FNMA 4/1/29 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | First Chicago NBD Corp. 3/15/02 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | Ford Motor Credit Co. 1/12/09 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | Ford Motor Credit Co. 10/28/09 | | X | | 01/25/00 | | | | X | | | | | | |
| SP | GNMA 11/15/23 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | GNMA 8/15/26 | | X | | 01/25/00 | | | | X | | | | | | |
| SP | GNMA 7/15/27 | | X | | 01/25/00 | | | | | | X | | | | |
| SP | General Motors Acceptance Corp. 2/7/02 | | X | | 01/25/00 | | | | | | X | | | | |
| SP | Nationsbank Corp. 4/3/02 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | Residential Funding Mortgage Securities 3/25/13 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | Sears Credit Account Master Trust 3/15/05 | | X | | 01/25/00 | | | | X | | | | | | |
| SP | Sears Roebuck Acceptance Corp. 2/24/04 | | X | | 01/25/00 | | | | | | X | | | | |
| SP | U S A Bonds 11/15/12 | | X | | 01/25/00 | | | | | | | X | | | |
| SP | U S A Notes 11/30/00 | | X | | 01/25/00 | | | | X | | | | | | |
| SP | U S A Notes 9/30/01 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | U S A Notes 2/28/01 | | X | | 01/25/00 | | | | X | | | | | | |
| SP | U S A Treasury Strip 5/15/08 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | Westpac Banking Corp. 10/15/02 | | X | | 01/25/00 | | | | | | X | | | | |
| SP | Worldcom Inc. 8/15/05 | | X | | 01/25/00 | | | | | X | | | | | |
| SP | JP Morgan Institutional Short Term Bond Fund | X | | | 01/25/00 | | | | | | | | X | | |
| SP | JP Morgan Institutional Short Term Bond Fund | X | | | 02/01/00 | | X | | | | | | | | |
| SP | JP Morgan Institutional Short Term Bond Fund | X | | | 03/01/00 | | | X | | | | | | | |
| SP | JP Morgan Institutional Short Term Bond Fund | X | | | 04/03/00 | | | X | | | | | | | |

SCHEDULE J

3/3

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

| Asset | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,00 | K Over $50,000,000 |
| SP | JP Morgan Institutional Short Term Bond Fund | X | | | 05/01/00 | | | X | | | | | | | |
| SP | JP Morgan Institutional Short Term Bond Fund | | X | | 06/28/00 | | | | X | | | | | | |
| SP | JP Morgan Institutional Short Term Bond Fund | | X | | 07/11/00 | | | | | X | | | | | |
| SP | JP Morgan Institutional Short Term Bond Fund | | X | | 11/16/00 | | | | | | | X | | | |
| SP | JP Morgan Emerging Markets Debt Fund | X | | | 02/01/00 | | X | | | | | | | | |
| SP | JP Morgan Emerging Markets Debt Fund | X | | | 03/01/00 | | X | | | | | | | | |
| SP | JP Morgan Emerging Markets Debt Fund | X | | | 04/03/00 | | X | | | | | | | | |
| SP | JP Morgan Emerging Markets Debt Fund | X | | | 05/01/00 | | X | | | | | | | | |
| SP | JP Morgan Emerging Markets Debt Fund | | X | | 11/16/00 | | | | | X | | | | | |
| SP | Pan Capital, LLC | X | | | 06/27/00 | | | | | | X | | | | |

SCHEDULE K

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 15 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| Asset | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,0 | K Over $50,000,000 |
| SP | Vanguard Index Trust S&P 500 Portfolio | | X | | 04/12/00 | | | X | | | | | | | |
| SP | Liberty Acorn International Fund | | X | | 06/30/00 | | | X | | | | | | | |
| SP | Vanguard Index Trust S&P 500 Portfolio | | X | | 07/31/00 | | X | | | | | | | | |
| SP | Liberty Acorn International Fund | | X | | 11/15/00 | | | | X | | | | | | |
| SP | Scudder International Fund | X | | | 06/30/00 | | X | | | | | | | | |
| SP | Service 911 | X | | | 03/22/00 | | | X | | | | | | | |
| SP | Olliance | X | | | 05/01/00 | | X | | | | | | | | |
| SP | Olliance | X | | | 08/21/00 | | X | | | | | | | | |
| SP | LuxN | X | | | 07/25/00 | | X | | | | | | | | |
| SP | Brightlink | X | | | 07/25/00 | | | X | | | | | | | |
| SP | MyCustoms.com | X | | | 09/11/00 | | X | | | | | | | | |

SCHEDULE L

1/8

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| Asset | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
| SP | Qualcomm Inc. | | X | | 01/03/00 | | | | | | X | | | | |
| SP | Lam Research Corp. | | X | | 01/12/00 | | | | X | | | | | | |
| SP | Qualcomm Inc. | | X | | 01/26/00 | | | X | | | | | | | |
| SP | Andrew Corp. | | X | | 02/29/00 | | | | X | | | | | | |
| SP | Progress Software Corp. | | X | | 04/05/00 | | X | | | | | | | | |
| SP | Universal Health Services Inc. | | X | | 07/18/00 | | X | | | | | | | | |
| SP | Cavalier Homes Inc. | | X | | 08/02/00 | X | | | | | | | | | |
| SP | Universal Health Services Inc. | | X | | 08/04/00 | | | | X | | | | | | |
| SP | Quorum Health Group Inc. | | X | | 08/08/00 | | | | X | | | | | | |
| SP | Deltic Timber Corp. | | X | | 08/29/00 | | X | | | | | | | | |
| SP | Scientific Games Holdings Corp. | | X | | 09/07/00 | | | X | | | | | | | |
| SP | United Asset Management Corp. | | X | | 09/27/00 | | | X | | | | | | | |
| SP | Universal Health Services Inc. | | X | | 10/03/00 | | | | | X | | | | | |
| SP | International Game Technology | | X | | 10/10/00 | | | X | | | | | | | |
| SP | Stewart Information Services | | X | | 10/12/00 | | | X | | | | | | | |
| SP | International Game Technology | | X | | 10/20/00 | X | | | | | | | | | |
| SP | Cognos Inc. | | X | | 11/01/00 | | | | X | | | | | | |
| SP | Vital Signs Inc. | | X | | 11/02/00 | | | X | | | | | | | |
| SP | Cognos Inc. | | X | | 11/07/00 | | | | X | | | | | | |
| SP | Mentor Graphics Corp. | | X | | 11/08/00 | | X | | | | | | | | |
| SP | Universal Health Services Inc. | | X | | 11/09/00 | | X | | | | | | | | |
| SP | Paine Webber Group Inc. | | X | | 11/09/00 | | X | | | | | | | | |
| SP | UBS AG | | X | | 11/10/00 | | X | | | | | | | | |

SCHEDULE L

2/8

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| | Asset | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
| SP | Universal Health Services Inc. | | X | | 11/16/00 | | | | X | | | | | | |
| SP | Alltel Corp. | X | | | 03/02/00 | | | X | | | | | | | |
| SP | Alltel Corp. | X | | | 05/25/00 | | X | | | | | | | | |
| SP | Alltel Corp. | X | | | 07/06/00 | | X | | | | | | | | |
| SP | Alltel Corp. | X | | | 07/17/00 | | X | | | | | | | | |
| SP | Alltel Corp. | X | | | 08/21/00 | | | X | | | | | | | |
| SP | Alltel Corp. | X | | | 08/30/00 | | X | | | | | | | | |
| SP | Alltel Corp. | X | | | 09/11/00 | | X | | | | | | | | |
| SP | BHC Communications | X | | | 10/11/00 | | | X | | | | | | | |
| SP | Bear Stearns Companies | X | | | 02/23/00 | | | X | | | | | | | |
| SP | Charter One Financial Inc. | X | | | 03/07/00 | | | X | | | | | | | |
| SP | Charter One Financial Inc. | X | | | 03/16/00 | | X | | | | | | | | |
| SP | Computer Associates Intl. | X | | | 07/14/00 | | | X | | | | | | | |
| SP | Computer Associates Intl. | X | | | 07/28/00 | | | | X | | | | | | |
| SP | Computer Associates Intl. | X | | | 08/08/00 | | | X | | | | | | | |
| SP | Computer Associates Intl. | X | | | 12/26/00 | | | X | | | | | | | |
| SP | Connecticut Bancshares Inc. | X | | | 03/31/00 | | | X | | | | | | | |
| SP | Dundee Bancorp Inc. | X | | | 03/07/00 | | | X | | | | | | | |
| SP | Equifax Inc. | X | | | 02/04/00 | | | X | | | | | | | |
| SP | First American Financial Corp. | X | | | 01/24/00 | | X | | | | | | | | |
| SP | Globstar Telecommunications | X | | | 08/29/00 | | X | | | | | | | | |
| SP | Globstar Telecommunications | X | | | 10/25/00 | | | X | | | | | | | |
| SP | Herman Miller Inc. | X | | | 01/25/00 | | X | | | | | | | | |

SCHEDULE L

3/8

[illegible]

SCHEDULE L-1 (FORM 990)

[illegible]

| | Name | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A Purchase | B Sale | C Exchange | (MM/DD/YYYY) | D $ 0 - $ 1,000 | E $ 1,001 - $ 10,000 | F $ 10,001 - $ 50,000 | G $ 50,001 - $ 100,000 | H $ 100,001 - $ 250,000 | I $ 250,001 - $ 500,000 | J $ 500,001 - $ 1,000,000 | K $ 1,000,001 - $ 5,000,000 |
| GP | Independence Community Bank | X | | | 07/17/06 | | | X | | | | | |
| GP | Interstate Bakeries Corp. | X | | | 12/13/06 | | | | X | | | | |
| GP | Knight Ridder | X | | | 04/26/06 | | | | X | | | | |
| GP | Libbey Inc | X | | | 03/31/06 | | | X | | | | | |
| GP | McClatchy Co. | X | | | 06/07/06 | | | X | | | | | |
| GP | Mohe Inc | X | | | 02/27/06 | | | X | | | | | |
| GP | Pitney Bowes | X | | | 12/27/06 | | | | X | | | | |
| GP | Pope Resources Depositary Unit LP | X | | | 04/12/06 | X | | | | | | | |
| GP | RR Donnelley & Sons. Co | X | | | 03/31/06 | | | X | | | | | |
| GP | Ryans Family Steakhouse | X | | | 04/04/06 | | | X | | | | | |
| GP | Shaw Industries Inc. | X | | | 02/23/06 | | X | | | | | | |
| GP | Sotheby's Holdes Inc. | X | | | 02/04/06 | | | X | | | | | |
| GP | Tuppe Company Inc. | X | | | 06/07/06 | | | X | | | | | |
| GP | Tuppe Company Inc. | X | | | 11/15/06 | X | | | | | | | |
| GP | Trinity Industries Inc | X | | | 04/13/06 | | X | | | | | | |
| GP | Trinity Industries Inc | X | | | 03/10/06 | | X | | | | | | |
| GP | Triumph Group Inc | X | | | 05/11/06 | | X | | | | | | |
| GP | Valassis Communications | X | | | 10/13/06 | | | X | | | | | |
| GP | West Pharmaceutical Svcs | X | | | 02/02/06 | | | X | | | | | |
| GP | Dreadner RCM International Growth Equity | | X | | 12/13/06 | | | | | X | | | |
| GP | Enron Corp. | X | | | 12/06/06 | | | X | | | | | |
| GP | Hewlett Packard Company | | X | | 12/07/06 | | X | | | | | | |
| GP | Costco Wholesale Corp | X | | | 12/08/06 | | X | | | | | | |

SCHEDULE L

4/8

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| | Asset | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K over $50,000,000 |
| SP | Estee Lauder Co. | X | | | 12/15/00 | | | X | | | | | | | |
| SP | Hewlett Packard Company | | X | | 12/15/00 | | X | | | | | | | | |
| SP | Hewlett Packard Company | | X | | 12/15/00 | | X | | | | | | | | |
| SP | Microsoft Corp. | X | | | 12/27/00 | | | X | | | | | | | |
| SP | Qwest Communications Intl Inc. | X | | | 12/27/00 | | X | | | | | | | | |
| SP | JDS Uniphase Corp. | | X | | 12/28/00 | | X | | | | | | | | |
| SP | SDL Inc. | X | | | 12/28/00 | | X | | | | | | | | |
| SP | Costco Wholesale Corp. | | X | | 11/07/00 | | | X | | | | | | | |
| SP | Oracle Corporation | | X | | 11/08/00 | | | X | | | | | | | |
| SP | Estee Lauder Co. | | X | | 11/13/00 | | | X | | | | | | | |
| SP | Microsoft Corp. | | X | | 11/13/00 | | | X | | | | | | | |
| SP | Worldcom | | X | | 11/14/00 | | | | X | | | | | | |
| SP | Hewlett Packard Company | | X | | 11/15/00 | X | | | | | | | | | |
| SP | Qwest Communications Intl Inc. | X | | | 11/15/00 | X | | | | | | | | | |
| SP | Millenium Pharmaceuticals | X | | | 11/17/00 | | | X | | | | | | | |
| SP | Weatherford Intl Inc. | | X | | 11/22/00 | | X | | | | | | | | |
| SP | Veritas Software Co. | X | | | 10/27/00 | X | | | | | | | | | |
| SP | Hewlett Packard Company | | X | | 10/11/00 | | X | | | | | | | | |
| SP | JDS Uniphase Corp. | | X | | 10/15/00 | | X | | | | | | | | |
| SP | SDL Inc. | X | | | 10/15/00 | | X | | | | | | | | |
| SP | Estee Lauder Co. | | X | | 10/27/00 | | | X | | | | | | | |
| SP | Nokia Corp. | | X | | 09/11/00 | | | | X | | | | | | |
| SP | NTT Mobile Communications Network Inc. | | X | | 09/21/00 | | | | X | | | | | | |

SCHEDULE L

5/8

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| | Asset | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,00 | K Over $50,000,000 |
| SP | Winstar Communications Inc. | | X | | 09/25/00 | | | X | | | | | | | |
| SP | Enron Corp. | X | | | 09/26/00 | | | | X | | | | | | |
| SP | Estee Lauder Co. | X | | | 09/26/00 | | | X | | | | | | | |
| SP | Tycom Ltd. | X | | | 08/01/00 | | | X | | | | | | | |
| SP | Intel Corp. | | X | | 08/02/00 | | | | X | | | | | | |
| SP | Tycom Ltd. | X | | | 08/02/00 | | | X | | | | | | | |
| SP | Tycom Ltd. | X | | | 08/03/00 | | X | | | | | | | | |
| SP | Costco Wholesale Corp. | | X | | 08/09/00 | | X | | | | | | | | |
| SP | Inhale Therapeutic Systems Inc. | X | | | 08/17/00 | | | X | | | | | | | |
| SP | Sysco Corp. | X | | | 08/17/00 | | | | X | | | | | | |
| SP | Marsh & McLennan | X | | | 08/31/00 | | | | X | | | | | | |
| SP | Costco Wholesale Corp. | | X | | 07/03/00 | | | X | | | | | | | |
| SP | Veritas Software Co. | X | | | 07/18/00 | | | X | | | | | | | |
| SP | Agilent Technologies | | X | | 07/20/00 | | | X | | | | | | | |
| SP | Clear Channel Communications | | X | | 07/20/00 | | | X | | | | | | | |
| SP | Veritas Software Co. | X | | | 07/20/00 | | | X | | | | | | | |
| SP | Clear Channel Communications | | X | | 07/21/00 | | X | | | | | | | | |
| SP | Intel Corp. | | X | | 07/21/00 | | X | | | | | | | | |
| SP | Pe Corp-Pe Biosystems Group | | X | | 06/01/00 | | X | | | | | | | | |
| SP | Grant Prideco | | X | | 06/08/00 | | X | | | | | | | | |
| SP | Grant Prideco | | X | | 06/09/00 | | | X | | | | | | | |
| SP | Grant Prideco | | X | | 06/12/00 | | X | | | | | | | | |
| SP | Weatherford Intl Inc. | X | | | 06/15/00 | | X | | | | | | | | |

SCHEDULE L

6/8

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| Asset | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
| SP | Winstar Communications Inc. | X | | | 06/23/00 | | X | | | | | | | | |
| SP | Charles Schwab Corp. | | X | | 06/26/00 | | | X | | | | | | | |
| SP | Tyco International Ltd. | | X | | 06/27/00 | | X | | | | | | | | |
| SP | Winstar Communications Inc. | | X | | 05/24/00 | | | X | | | | | | | |
| SP | Costco Wholesale Corp. | X | | | 05/30/00 | | | X | | | | | | | |
| SP | Microsoft Corp. | | X | | 05/31/00 | | X | | | | | | | | |
| SP | Pe Corp-Pe Biosystems Group | | X | | 05/31/00 | | X | | | | | | | | |
| SP | Estee Lauder Co. | X | | | 05/31/00 | | X | | | | | | | | |
| SP | Nokia Corp. | | X | | 04/11/00 | | | | X | | | | | | |
| SP | Pe Corp-Pe Biosystems Group | X | | | 04/06/00 | | | | X | | | | | | |
| SP | Sepracor Inc. | | X | | 04/06/00 | | | | X | | | | | | |
| SP | Guidant Corp. | X | | | 04/07/00 | | X | | | | | | | | |
| SP | Scotts Co. | | X | | 04/07/00 | X | | | | | | | | | |
| SP | Carelnsite Inc. | | X | | 04/10/00 | | X | | | | | | | | |
| SP | Oracle Corporation | X | | | 04/11/00 | | | X | | | | | | | |
| SP | Veritas Software Co. | X | | | 04/11/00 | | X | | | | | | | | |
| SP | Carelnsite Inc. | | X | | 04/12/00 | | X | | | | | | | | |
| SP | Scotts Co. | | X | | 04/12/00 | X | | | | | | | | | |
| SP | Carelnsite Inc. | | X | | 04/13/00 | X | | | | | | | | | |
| SP | Scotts Co. | | X | | 04/13/00 | | X | | | | | | | | |
| SP | Carelnsite Inc. | | X | | 04/14/00 | | X | | | | | | | | |
| SP | Scotts Co. | | X | | 04/14/00 | | | X | | | | | | | |
| SP | Winstar Communications Inc. | X | | | 04/14/00 | | | X | | | | | | | |

SCHEDULE L

7/8

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| | Asset | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | B | C | D | E | F | G | H | I | J | K |
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | $1,001-$15,000 | $15,001-$50,000 | $50,001-$100,000 | $100,001-$250,000 | $250,001-$500,000 | $500,001-$1,000,000 | $1,000,001-$5,000,000 | $5,000,001-$25,000,000 | $25,000,001-$50,000,000 | Over $50,000,000 |
| SP | Winstar Communications Inc. | X | | | 04/18/00 | | | X | | | | | | | |
| SP | Guidant Corp. | | X | | 04/24/00 | | | | X | | | | | | |
| SP | Qwest Communications Intl Inc. | X | | | 04/25/00 | | X | | | | | | | | |
| SP | Estee Lauder Co. | X | | | 04/28/00 | | X | | | | | | | | |
| SP | Scotts Co. | | X | X | 03/07/00 | X | | | | | | | | | |
| SP | Switchboard Inc. | X | | | 03/07/00 | | X | | | | | | | | |
| SP | Switchboard Inc. | | X | | 03/07/00 | | | X | | | | | | | |
| SP | Scotts Co. | | X | | 03/09/00 | | X | | | | | | | | |
| SP | Scotts Co. | | X | | 03/14/00 | X | | | | | | | | | |
| SP | Scotts Co. | | X | | 03/15/00 | X | | | | | | | | | |
| SP | Scotts Co. | | X | | 03/17/00 | | X | | | | | | | | |
| SP | Scotts Co. | | X | | 03/21/00 | | X | | | | | | | | |
| SP | General Electric Co. | X | | | 03/24/00 | | | X | | | | | | | |
| SP | Pfizer Inc. | | X | | 03/28/00 | | | | X | | | | | | |
| SP | Warner-Lambert Co. | X | | | 03/28/00 | | | | X | | | | | | |
| SP | Scotts Co. | | X | | 03/30/00 | | X | | | | | | | | |
| SP | Scotts Co. | | X | | 03/31/00 | | X | | | | | | | | |
| SP | NTT Mobile Communications Network Inc. | X | | | 02/24/00 | | | | X | | | | | | |
| SP | Qwest Communications Intl Inc. | X | | | 02/04/00 | | | | X | | | | | | |
| SP | Eli Lilly & Co. | | X | | 02/07/00 | | | | | X | | | | | |
| SP | Merck & Co. | | X | | 02/07/00 | | | | | X | | | | | |
| SP | Plittway Corp. | X | | | 02/08/00 | | | | | | X | | | | |
| SP | FirePond Inc. | X | | | 02/09/00 | X | | | | | | | | | |

1800

SCHEDULE L

8/8

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

| Asset | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Purchase | Sale | Exchange | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
| SP | **FirePond Inc.** | | X | | 02/09/00 | | X | | | | | | | | |
| SP | **United Parcel Service** | | X | | 02/14/00 | | | X | | | | | | | |
| SP | **CareInsite Inc.** | X | | | 02/17/00 | | | | X | | | | | | |
| SP | **Clear Channel Communications** | X | | | 02/22/00 | | X | | | | | | | | |
| SP | **Costco Wholesale Corp.** | X | | | 02/24/00 | | | | X | | | | | | |
| SP | **Estee Lauder Co.** | X | | | 02/24/00 | | | | | X | | | | | |
| SP | **Microsoft Corp.** | X | | | 02/28/00 | | X | | | | | | | | |
| SP | **NTT Mobile Communications Network Inc.** | X | | | 01/18/00 | | | | X | | | | | | |
| SP | **Qwest Communications Intl Inc.** | X | | | 01/18/00 | | | | X | | | | | | |
| SP | **Harley-Davidson** | X | | | 01/20/00 | | X | | | | | | | | |
| SP | **Tyco International Ltd.** | | X | | 01/20/00 | | | | X | | | | | | |
| SP | **JDS Uniphase Corp.** | X | | | 01/25/00 | | X | | | | | | | | |
| SP | **Harley-Davidson** | X | | | 01/28/00 | | X | | | | | | | | |

Schedule M

1802

**SCHEDULE IV - TRANSACTIONS**
**ATTACHMENT**

JANE HARMAN
The Lakes Descendants Trusts
Bear Stearns, San Francisco CA

| SP / DC / JT | ASSET | TYPE OF TRANSACTION: PURCHASE | SALE | EXCHANGE | DATE (MO/DAY/YR) | AMOUNT OF TRANSACTION: $1 - $1000 | $1,001 - $15,000 | $15,001 - $50,000 | $50,001 - $100,000 | $100,001 - $250,000 | $250,001 - $500,000 | $500,001 - $1,000,000 | $1,000,001 - $5,000,000 | $5,000,001 - $25,000,000 | $25,000,001 - $50,000,000 | Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | LA DWP Elec Plt 9/15/00 | | X | | 9/15/00 | | | | X | | | | | | | |
| | Sacramento CA RDA Tax Allocation 11/1/00 | | X | | 11/1/00 | | X | | | | | | | | | |
| | Univ CA Multi Purp PJ Ser C 9/1/03 | | X | | 11/30/00 | | X | | | | | | | | | |
| | CA State GO 10/1/09 | | X | | 11/27/00 | | X | | | | | | | | | |
| | Conejo Valley USSD 8/1/08 | X | | | 2/1/00 | | X | | | | | | | | | |
| | Conejo Valley USSD 8/1/08 | | X | | 11/27/00 | | X | | | | | | | | | |
| | Univ CA Multi Purp PJ Ser C 9/1/03 | X | | | 4/20/00 | | X | | | | | | | | | |
| | Campbell CA CTFS 10/1/01 | X | | | 5/9/00 | | X | | | | | | | | | |
| | Walnut IMPT Proj 9/1/02 | X | | | 6/23/00 | | X | | | | | | | | | |
| | LA Harbor Dept 8/1/05 | X | | | 9/18/00 | | | X | | | | | | | | |
| | LA DWAP 4/1/02 | X | | | 9/21/00 | | | X | | | | | | | | |
| | Mesa Cons Wtr Dist 3/15/08 | X | | | 9/22/00 | | X | | | | | | | | | |
| | Beverly Hills USD 6/1/09 | X | | | 9/22/00 | | X | | | | | | | | | |
| | Palm DR Health Cate 8/1/12 | X | | | 9/22/00 | | X | | | | | | | | | |
| | Milpitas USD 9/1/06 | X | | | 9/25/00 | | X | | | | | | | | | |
| | Montebello Cmnty Redev 3/1/07 | X | | | 11/1/00 | | | X | | | | | | | | |
| | Partnership: | | | | | | | | | | | | | | | |
| | Women's Growth Capital Fund I LLLP | X | | | 12/1/00 | | | X | | | | | | | | |

SCHEDULE N

**SCHEDULE IV - TRANSACTIONS**
**ATTACHMENT**

JANE HARMAN
The Lakes Descendants Trusts
Bear Stearns, San Francisco CA

| SP<br>DC<br>JT | ASSET | TYPE OF TRANSACTION: PURCHASE | SALE | EXCHANGE | DATE (MO/DAY/YR) | AMOUNT OF TRANSACTION: $1 - $1000 | $1,001 - $15,000 | $15,001 - $50,000 | $50,001 - $100,000 | $100,001 - $250,000 | $250,001 - $500,000 | $500,001 - $1,000,000 | $1,000,001 - $5,000,000 | $5,000,001 - $25,000,000 | $25,000,001 - $50,000,000 | Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | Anaheim CA Elec Systems CTFS 10/1/00 | | X | | 7-3-00 | | X | | | | | | | | | |
| DC | Conejo Valley USD 8/1/08 | X | | | 2-1-00 | | X | | | | | | | | | |
| DC | Port Oakland Ser H 11/1/09 | X | | | 4-14-00 | | X | | | | | | | | | |
| DC | Monrovia USD 4/1/08 | X | | | 10-3-00 | | X | | | | | | | | | |
| DC | CA Statewide Getty 10/1/04 | X | | | 10-24-00 | | X | | | | | | | | | |
| DC | SD Univ Parking System 11/1/08 | X | | | 10-31-00 | | X | | | | | | | | | |
| DC | CA State GO Veterans 12/1/08 | X | | | 12/28/00 | | | X | | | | | | | | |
| DC | Sacramento CA MUD Elec Rev 10/15/18 | X | | | 12/28/00 | | X | | | | | | | | | |
| DC | CA State GO 1/26/01 | X | | | 12/28/00 | | X | | | | | | | | | |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

RECEIVED
01 MAY 15 PM 4:17

MELISSA ANNE HART
(Full Name)

118 BOOTHBAY HARBOR
(Mailing Address)

BRADFORD WOODS, PA 15015

Daytime Telephone
724-779-1330

MC (6)

HAND DELIVERED

| | | | |
|---|---|---|---|
| Filer Status | [V] Member of the U.S. House of Representatives — State PA District 4 | [ ] Officer or Employee | Employing Office |
| Report Type | [V] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [V] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [V] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [V] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [V] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [V] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [V] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] No [V] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [V] No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] No [V] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [V] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [V] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Melissa Anne Hart | 5/14/01 |

1804

## SCHEDULE I — EARNED INCOME CALENDAR YEAR 2000

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | SENATE OF PA | SALARY | 60,785.47 |
| | DOEPKEN, KEEVICAN, & WEISS, P.C. | SALARY | 18,000.00 |

For payments to charity in lieu of honoraria, use Schedule II.

Name MELISSA ANNE HART | Page 3 of 6

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Excluds:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| Block A: Asset and/or Income Source | | | Block B: Value of Asset | Block C: Type of Income | | | | | | Block D: Amount of Income | | | | | | | | | | | Block E: Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify. For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
| SP, DC, JT | Examples | SP | Mega Corp. Stock | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | Y | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | HJ HEINZ CO. STOCK | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | PA ST. SER 2RF MUNI BOND | | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | AVAYA, INC STOCK | | X | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | S |
| | ANSOFT CORP STOCK | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | AT&T CORP. STOCK | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | G.E. CO. STOCK | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MELISSA ANNE HART

Page 4 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | P, S, E |
| | LUCENT TECHNOLOGIES STOCK | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | MYLAN LABORATORIES INC. STOCK | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | PAINE WEBBER MONEY MKT. ACCT. | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | RESPIRONICS, INC STOCK | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | GMAC BOND | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | BORDERS GROUP, INC STOCK | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | CONCUR TECHNOLOGIES STOCK | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | II-VI INC. STOCK | | | | X | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | DOLLAR BANK ACCOUNT | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | HERBENREIDER & HEIGHTS, PENSION & PROFIT SHA | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | CPA GROUP FUNDS (RET. FUND) | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | PA SERS (RET. FUND) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | MML EQUITY (ANNUITY) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | OPP CAP. APP (ANNUITY) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | OPP GLOBAL SEC. (ANNUITY) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | OPP STRATEGIC BOND (ANNUITY) | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |

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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | | | | | | | |
| | AMERICAN LEGISLATIVE EXCHANGE COUNCIL | JULY 28-30, 2000 | PITTSBURGH-SAN DIEGO-PGH- | Y | Y | N | N |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| TRUSTEE | UNIVERSITY OF PITTSBURGH |
| TRUSTEE | WASHINGTON & JEFFERSON COLLEGE |
| TRUSTEE | COMMUNITY COLLEGE OF ALLEGHENY COUNTY |
| DIRECTOR | PITTSBURGH BALLET THEATRE |
| DIRECTOR | VIETNAM VETERAN'S LEADERSHIP PROGRAM |
| DIRECTOR | PITTSBURGH FILM OFFICE |
| DIRECTOR | U. OF PITTSBURGH CANCER INSTITUTE |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 1988-present | HERGENROEDER & HEIGHTS, P.C. - PENSION & PROFIT SHARING PLANS | CONTINUING INTEREST IN FORMER EMPLOYER PENSION & PROFIT SHARING PLANS |
| | | |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

J. DENNIS HASTERT
(Full Name)

H-232, The Capitol
(Mailing Address)

Washington, DC. 20515

Daytime Telephone 202.225-0600

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: IL District: 14 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements (or travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefitting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | J. Dennis Hastert | 5-15-01 |

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of Illinois, Yorkville School District #115 | Spouse Salary/ Pension | NA |
| | State of Illinois Pension Fund (Former State Legislator) | Legislative Pension | $25,185 |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| Calvin College, Grand Rapids, MI | Book Introduction "Serving the Claims of Justice: The Thoughts of Paul B. Henry" | 10-1-2000 | $300.00 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name J. Dennis Hastert



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | | Block B: None | $1 – $1,000 | $1,001 – $15,000 | $15,001 – $50,000 | $50,001 – $100,000 | $100,001 – $250,000 | $250,001 – $500,000 | $500,001 – $1,000,000 | $1,000,001 – $5,000,000 | $5,000,001 – $25,000,000 | $25,000,001 – $50,000,000 | Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: None | $1 – $200 | $201 – $1,000 | $1,001 – $2,500 | $2,501 – $5,000 | $5,001 – $15,000 | $15,001 – $50,000 | $50,001 – $100,000 | $100,001 – $1,000,000 | $1,000,001 – $5,000,000 | Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: | SP | Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | P |
| | | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | Yorkville National Bank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Personal Account | | | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| | Farm Account | | | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| JT | Farm, RR 1, Shipman, IL (270 Acres) | | | X | | | | | | | | | | | | Farm Income | | | | | | X (Net) | | | | | X (Gross) | | | | | | S |

For additional assets and unearned income, use next page.

**SCHEDULE III — ASSETS AND "UNEARNED" INCOME**
Continuation Sheet (if needed)

Name J. Dennis Hastert | Page 5 of 8

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Congressional Federal Credit Union | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| | Opera House Property 500 Lockport Street | | | | | | X | | | | | | | | X | | | | | | X (net) | | | | | | X (gross) | | | | |
| JT | Townhouse Property Washington, DC | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Northwestern Mutual Life | (IRA) | | X | | | | | | | | | | X | | X | X | | | | X | | | | | | | | | | |
| SP | Northwestern Mutual Life | (IRA) | | X | | | | | | | | | | X | | X | X | | | | X | | | | | | | | | | |
| | Tollgate Properties | | | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | Bank One Stock | X | | | | | | | | | | | | X | | | | | | | | | | X | | | | | | | S |
| JT | Bear Stearns Mutual Fund | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | P |
| | AG Edwards Money Market | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | P |
| JT | Devine Interventures | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | P |

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## SCHEDULE IV — TRANSACTIONS

Name J. Dennis HASTERT



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | Bear Stearns Mutual Fund | X | | | 12-2000 | | | | X | | | | | | |
| JT | Farm Property | | X | | 12-2000 | | | | | X | | | | | |
| | Bank One Stock | | X | | 12-27-00 1-3-01 (settled) | | X | | | | | | | | |
| JT | Devine Interventures | X | | | 6-2000 | | X | | | | | | | | |
| | A G Edwards Money Market | X | | | 12-2000 | | | X | | | | | | | |

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Name J. DENNIS HASTERT | Page 7 of 8

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | First Midwest Bank, Joliet, IL | 75% Interest by Opera House property | | | X | | | | | | | |
| | Yorkville National Bank | Cosign Loan with Relative for Home repair | X | | | | | | | | | |
| | Yorkville National Bank | Cosign Restaurant Loan with Relative | | | | X | | | | | | |
| | Yorkville National Bank | Cosign Loan with Relative | | X | | | | | | | | |
| JT | RB+T, North Carolina | Mortgage, D.C. Townhouse | | | X | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| NONe | | |
| | | |
| | | |
| | | |
| | | |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| 75% Partner | Opera House |
| 50% Partner | Tollgate Property |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70–729 (mac)

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999**

**FORM A**
For use by Members, officers, and employees

RECEIVED
01 MAY 15 PM 12:48
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (4)
(Office Use Only)

THE HONORABLE ALCEE L. HASTINGS
(Full Name)

@@ 2235 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

202/225-1313
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U S House of Representatives | State FL District 23 | [ ] Officer or Employee — Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Alcee L. Hastings | 5/15/2001 |

1818

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Honorable Alcee L. Hastings



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | | Block A: Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* | SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | Bank of America (FL) | | | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | NA |
| | Wright Pattman credit union | | | | | X | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | NA |
| | 8528 Longacre Dr.(Miramar) FL 33025 | | | | | | | | | X | | | | | | | | | | | Mortgage | | X | | | | | | | | | | | NA |
| | 5010 SW 151st Terrace(Miramar,FL) | | | | | | | | X | | | | | | | | | | | | Mortgage | | X | | | | | | | | | | | NA |
| | 1055 NW 183rd St., Miami | | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

Name The Honorable Alcee L. Hastings | Page 3 of 4

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | Robert Catz | Legal Fees | | | | | | X | | | | |
| | Terrence Anderson | Legal Fees | | | | | | | X | | | |
| | Patricia Williams | Legal Fees | | | | | | X | | | | |
| | Karr & McClan | Legal Fees | | | | X | | | | | | |
| | Mark McDonald | Legal Fees | | X | | | | | | | | |
| | Lewis Meyers | Legal Fees | | X | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

Name Honorable Alcee L. Hastings | Page 4 of 4

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | Toledo, Ohio - Toledo Bar Assn | March 3,2000 | Wash, D.C.-Toledo-Wash,D.C. | Y | Y | N | No |
| | Nashville, TN - Kappa Alpha Psi | April 7-8 | Wash,D.C.-Nashville - Miami | Y | Y | N | No |
| | Nashville, TN - Tenn. Legislature | Nov. 17 | Wash,D.C. -Nashville -Miami | Y | Y | N | No |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVER:
LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 12:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC (Office Use Only) (4)

Doc Hastings
(Full Name)

P.O. Box K PASCO, WA 99302
(Mailing Address)

Daytime Telephone: 202-225-5816

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: WA District: 04 | [ ] Officer or Employee | Employing Office. |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] | No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | 11 May 01 |

1822

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DOC HASTINGS



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | | Block A: Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E: Transaction (P, S, or E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: | SP Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | |
| | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | | COLUMBIA BASIN PAPER & JUNK | | | | | | | | | | | | | | | | | | | PENSION PLAN | | | | | | | | | | | | |
| | | TRUST - PETERSON & HASTINGS | | | | | | | | X | | | | | | | | | | | X | X | | | | | | | | | | | |
| JT | | YAKIMA FEDERAL - DEPOSIT | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | | 1ST VIRGINIA - DEPOSIT | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | | CHAS SCHWAB - IRA | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| JT | | VANGUARD GROUP | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | P |

For additional assets and unearned income, use next page.

## SCHEDULE IV — TRANSACTIONS

Name: Doc Hastings

Page 3 of 4

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transactio | | | Date | Amount of Transaction | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Asset | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| SP | *Example:* | Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| JT | VANGUARD GROUP | | X | | | 1-12-00 | | X | | | | | | | | |

This page may be copied if more space is required.

| Name | Page 4 of 4 |
|---|---|

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| BNFL, INC. | | JAN 17-21 | PASCO - EDINBURGH, SCOTLAND - MANCHESTER, UK - PASCO | Y | Y | N | N |
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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

MAY 1 4 2001
RECEIVED
LEGISLATIVE RESOURCE CENTER
01 MAY 18 AM 11:36
CLERK
HR
(14)
MC
(Office Use Only)

ROBERT CANNON HAYES
(Full Name)

PO BOX 2000
(Mailing Address)

CONCORD NC 28026

Daytime Telephone (704) 795-2000

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: NC District: 8 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Robert C "Robin" Hayes | 5/14/01 |

1826

| Name | ROBERT CANNON HAYES | Page 2 of 10 |
|---|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | ARTIC SOUTHERN ENTERPRISES; CONCORD, NC | PROPRIETORSHIP GROSS INCOME | 4,200 |
| | LEGISLATIVE RETIREMENT SYSTEM OF N.C. | LEGISLATIVE PENSION | 5,146 |

For payments to charity in lieu of honoraria use Schedule II.

Name ROBERT CANNON HAYES



## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify. For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | | SP | | | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| DC, | *Examples:* | | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | | | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | FIRST UNION NATIONAL BANK; ACCOUNTS | | | | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | |
| SP | FIRST UNION NATIONAL BANK; ACCOUNTS | | | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | FIRST CHARTER NATIONAL BANK CD | | | | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| JT | FIRST CHARTER NATIONAL BANK CD'S | | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| | INTANGIBLE TAX REFUND | | X | | | | | | | | | | | | | | X | | | TAX REFUND | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT CANNON HAYES



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BERKSHIRE HATHAWAY B; STOCK | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | SOLECTRON CP; STOCK | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | EMC CORP MASS; STOCK | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | GENUITY INC; STOCK | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | INTEL CORP; STOCK | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | P |
| | ORACLE CORP; STOCK | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | VIASYSTEMS; STOCK | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | VIGNETTE CORP; STOCK | | | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | P |
| | ACTIVE ASSETS MONEY TRUST; | MM | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| | CHINA UNICOM LTD; STOCK | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | CRAYFISH CO; STOCK | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | P,S |
| | SCGHLDG CP; STOCK | X | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | P,S |
| | VERIO INC; STOCK | X | | | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | P,S |
| SP | ACTIVE ASSETS MONEY TRUST; | MM | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| SP | BB&T CORP; STOCK | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | CONOCO INC.; STOCK | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | FANNIE MAE; STOCK | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| SP | GLENAYRE TECH; STOCK | X | | | | | | | | | | | | | | | X | | | | | | | | X | | | | | | | S |
| | SUNOCO INC; STOCK | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | P |
| | MT. PLEASANT HOSIERY MILL BLDG. 1467 N MAIN ST, MT PLEASANT NC 28124 | | | | | X | | | | | | | | | X | | | | | | | | | | | X | X | GROSS | | | | |
| | RICHFIELD PROPERTY; CULP RD RICHFIELD, NC 28137 | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | WISCONSIN PROPERTY, CLINE RD BREW, WI | | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT CANNON HAYES



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|---|---|---|---|---|
| | | A None; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| SP | LANCER CP; STOCK | C | | I | |
| | 3.328 ACRES, CRESTSIDE CONCORD, NC 28025 | D | | I | |
| | AIRPLANE; CONCORD, NC | H | INTEREST | X (NET) | E |
| | MT. PLEASENT HOSIERY, INC.;STOCK | F | | I | |
| | LEMMON/ROSINSKI I, LP | C | INTEREST | | |
| | TRUST CA CANNON DTD 12-5-51 (SEE SCH III, ATTACHMENT A) | H | INTEREST; ANNUITY,ETC | VIII | |
| | TRUST CA CANNON DTD 5-12-53 (SEE SCH III, ATTACHMENT B) | | INTEREST | | |
| | TRUST CA CANNON (322) TRUST (SEE SCH III, ATTACHMENT C) | K | INTEREST; ANNUITY, ETC | X | |
| | 480 SHS CENTRAL DISTRIBUTIONS, STOCK | A | | | S |
| | JDS UNIPHASE; STOCK | C | DIVIDENDS | I | P |
| | MOTOROLA INC.; STOCK | C | | VI | P |

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## SCHEDULE IV — TRANSACTIONS

Name ROBERT CANNON HAYES



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | CHINA UNICOM; STOCK | X | X | | 6-16-00 PURCHASE<br>7-11-00 SALE | X | | | | | | | | | |
| | CRAYFISH CO.; STOCK | X | X | | 3-6-00 PURCHASE<br>3-8-00 SALE | X | | | | | | | | | |
| | SCG HLDG CP; STOCK | X | X | | 4-27-00 PURCHASE<br>4-28-00 SALE | X | | | | | | | | | |
| | VERIO INC.; STOCK | X | X | | 3-20-00 PURCHASE<br>9-7-00 SALE | X | | | | | | | | | |
| SP | BANK TOKYO; STOCK | | X | | 3-9-00 | X | | | | | | | | | |
| SP | GLENOYRE TECHNOLOGIES; STOCK | | X | | 5-31-00 | X | | | | | | | | | |
| | 201.32 ACRES DORCHESTER CO., MD | | X | | 3-1-00 | | | | | X | | | | | |
| | 480 SHS CENTRAL DISTRIBUTING | | X | | 2-1-00 | | | | | X | | | | | |
| | CMGI INC.; STOCK | X | | | 3-16-00<br>3-23-00 | X | | | | | | | | | |
| | DIGITAS INC.; STOCK | X | | | 3-16-00 | X | | | | | | | | | |
| | EMC CORP; STOCK | X | | | 4-3-00 | X | | | | | | | | | |
| | GENUITY INC; STOCK | X | | | 6-30-00 | X | | | | | | | | | |
| | INTEL INC; STOCK | X | | | 10-26-00 | X | | | | | | | | | |
| | JDS UNIPHASE CORP; STOCK | X | | | 3-13-00<br>4-7-00 | | X | | | | | | | | |
| | MOTOROLA INC; STOCK | X | | | 3-23-00 | | X | | | | | | | | |
| | ORACLE CORP; STOCK | X | | | 4-7-00 | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name ROBERT CANNON HAYES



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| | RSL COMMUNICATIONS LTD; STOCK | X | | | 3-17-00 | X | | | | | | | | | |
| | VIASYSTEMS; STOCK | | | | 3-29-00 | | | | | | | | | | |
| | VIGNETTE CORP; STOCK | | | | 6-19-00 | | | | | | | | | | |
| | SUNOCO, INC.; STOCK | | | | 2000 | | | | | | | | | | |

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Name ROBERT CANNON HAYES | Page 8 of 10

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | FIRST UNION NATIONAL BANK; CHARLOTTE, NC | COMMERCIAL LOAN - BUILDING | | | | | X | | | | | |
| | WACHOVIA BANK; ATLANTA , GA | COMMERCIAL LOAN - AIRPLANE PAID-OFF 5/2000 | | | | | | X | | | | |
| | FIRST UNION NATIONAL BANK; CHARLOTTE, NC | REAL ESTATE INVESTMENT LOAN PAID-OFF 7/2000 | | | X | | | | | | | |
| | WACHOVIA BANK; ATLANTA, GA | COMMERCIAL LOAN - AIRPLANE | | | | | | | X | | | |
| | FIRST UNION NATIONAL BANK; ATLANTA, GA | COMMERCIAL LOAN | | | | X | | | | | | |

## SCHEDULE VI — GIFTS NONE

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| CORNING PLANT, WILMINGTON, NC | | JAN. 5 | WASH. DC - WILMINGTON, NC -WASH, DC | N | Y | N | N |
| DEMOCRACY & CITIZENSHIP PROGRAM OF THE ASPEN INSTITUTE | | JAN. 28-29 | WASH. DC - QUEENSTOWN, MD -WASH, DC | Y | Y | N | N |
| INSTITUTE OF POLITICS - HARVARD UNIV. | | DEC. 14 | WASH. DC - HARVARD UNIV. - WASH. DC | N | Y | N | N |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| MEMBER | ARCTIC SOUTHERN FARMS, LLC |
| PRESIDENT, DIRECTOR | MOUNT PLEASANT HOSIERY MILL, INC. |
| LIMITED PARTNER | LEMMON/ROSINSKI; I LP |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS NONE

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |
| | | |

May 7, 2001

To Whom It May Concern:

Mr. Hayes earns a fraction of the income generated from these trusts. Securities and other assets held in these trusts are for the benefit of future owners, not Mr. Hayes.

ROBERT CANNON HAYES
TRUST - CA CANNON
DTD 12-5-51

FIRST UNION NATIONAL BANK

ACCOUNT NUMBER 1019854809



SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2000

| | | BOOK VALUE | MARKET VALUE | EST INCOME | YIEL |
|---|---|---|---|---|---|
| TEMPORARY INVESTMENTS | | | | | |
| | EVERGREEN SELECT MUNICIPAL MONEY MARKET FUND CL I (FD #496) | 151,629.47 | 151,629.47 | 7,384.36 | 4. |
| | TOTAL | 151,629.47 | 151,629.47 | 7,384.36 | 4. |
| MUNICIPALS | | | | | |
| 50,000 | CHARLOTTE NC BD DTD 8/1/98 OID PUB IMPT SER A (C 2/1/2008 @ 102) 4.75% 02/01/2013-2008 | 49,461.00 | 50,256.00 | 2,375.00 | 4. |
| 50,000 | CHARLOTTE NC WTR & SWR BD DTD 8/1/91 BEO UT (P/R @ 102; O/M 2/1/2005) REFUNDED FROM AN ISSUE DTD 7/15/93 6.5% 02/01/2001-2001 | 50,318.50 | 51,090.50 | 3,250.00 | 6. |
| 50,000 | DURHAM CNTY N C BD DTD 2/1/92 BEO UT (C 2/1/2002 @ 102) 5.75% 02/01/2006-2002 | 49,762.00 | 51,803.50 | 2,875.00 | 5. |
| 100,000 | DURHAM CNTY N C BD DTD 2/1/92 BOOK ENTRY (CALL 2/1/2002 @ 102) 5.75% 02/01/2010-2002 | 95,727.00 | 103,414.00 | 5,750.00 | 5. |
| 50,000 | DURHAM N C RFDG BOND DTD 2/1/92 BOOK ENTRY ONLY UT (CALL 2/1/2002 @ 102) 5.75% 02/01/2008-2002 | 50,000.00 | 51,712.50 | 2,875.00 | 5. |
| 100,000 | GREENSBORO N C BD DTD 6/1/93 RFDG BOOK ENTRY ONLY UT (CALL 5/1/2003 @101) 5.1% 05/01/2005-2003 | 99,553.00 | 102,943.00 | 5,100.00 | 5. |
| 100,000 | NEW HANOVER CNTY NC HOSP REV BD DTD 2/15/99 OID NEW HANOVER REGL MED CTR PJ (C 10/1/2009 @ 101) 4.75% 10/01/2014-2009 | 99,235.00 | 98,577.00 | 4,750.00 | 4. |
| 100,000 | NORTH CAROLINA ST BD DTD 3/1/97 SER A BEO (C 3/1/2007 @101) 5.2% 03/01/2009-2007 | 100,633.00 | 105,296.00 | 5,200.00 | 4. |
| 100,000 | ORANGE CNTY N C BD DTD 6/1/93 RFDG BOOK ENTRY ONLY (CALL 6/1/2003 @100.050) 5.1% 06/01/2004-2003 | 100,000.00 | 102,559.00 | 5,100.00 | 5. |
| 100,000 | ORANGE CNTY N C BD DTD 4/1/2000 PUB IMPT (C 4/1/2010 @102) 5.3% 04/01/2015-2010 | 100,000.00 | 104,624.00 | 5,300.00 | 5. |

ROBERT CANNON HAYES
TRUST - CA CANNON
DTD 12-5-51

FIRST UNION NATIONAL BANK

ACCOUNT NUMBER 1019854809



SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2000

| | | BOOK VALUE | MARKET VALUE | EST INCOME | YIEL |
|---|---|---|---|---|---|
| MUNICIPALS | | | | | |
| | TOTAL | 794,689.50 | 822,275.50 | 42,575.00 | 5. |
| COMMON STOCKS | | | | | |
| 7,114 | AMERICAN INTL GRP INC COM | 23,413.08 | 701,173.63 | 1,052.87 | 0. |
| 3,600 | DU PONT E I DE NEMOURS & CO COM | 47,592.00 | 173,925.00 | 5,040.00 | 2. |
| 2,000 | DUKE ENERGY CORP CO COM W/RIGHTS ATTACHED EXPIRING 12/16/2008 | 45,195.00 | 170,500.00 | 4,400.00 | 2. |
| 1,584 | EXXON MOBIL CORP COM | 46,323.74 | 137,709.00 | 2,787.84 | 2. |
| 2,400 | FANNIE MAE COM | 47,079.00 | 208,200.00 | 2,688.00 | 1. |
| 4,000 | KELLOGG CO COM | 22,401.50 | 105,000.00 | 4,040.00 | 3. |
| 6,000 | PHILIP MORRIS COS INC COM | 41,915.00 | 264,000.00 | 12,720.00 | 4. |
| 2,000 | PITNEY-BOWES INC COM W/RTS ATTACHED EXP 02/20/2006 | 38,840.00 | 66,250.00 | 2,280.00 | 3. |
| 3,200 | ROYAL DUTCH PETE CO NY REGISTRY SH PAR N GLDR 1.25 | 43,732.00 | 193,800.00 | 3,756.80 | 1. |
| 1,400 | TEXACO INC COM W/RTS ATTACHED EXP 05/01/2004 | 39,963.00 | 86,975.00 | 2,520.00 | 2. |
| | TOTAL | 396,454.32 | 2,107,532.63 | 41,285.51 | 2. |
| PRINCIPAL ASSETS | | 1,342,773.29 | 3,081,437.60 | 91,244.87 | 3. |
| PRINCIPAL CASH | | | | | |
| TOTAL | | 1,342,773.29 | 3,081,437.60 | | |

SCHEDULE III, ATTACHMENT A

ROBERT CANNON HAYES
TRUST - CA CANNON
DTD 5-12-53

FIRST UNION NATIONAL BANK

ACCOUNT NUMBER 1019854916



SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2000

| | | BOOK VALUE | MARKET VALUE | EST INCOME | YIEL |
|---|---|---|---|---|---|
| TEMPORARY INVESTMENTS | | | | | |
| | EVERGREEN SELECT MUNICIPAL MONEY MARKET FUND CL I (FD #496) | 56,156.35 | 56,156.35 | 2,734.81 | 4. |
| | TOTAL | 56,156.35 | 56,156.35 | 2,734.81 | 4.- |
| COMMON STOCKS | | | | | |
| 14,236 | AMERICAN INTL GRP INC COM | 46,852.49 | 1,403,135.75 | 2,106.93 | 0.: |
| 10,400 | BRISTOL-MYERS SQUIBB CO COM | 38,156.91 | 768,950.00 | 11,440.00 | 1.5 |
| 3,843 | CITIGROUP INC COM | 22,812.72 | 196,233.19 | 2,152.08 | 1.' |
| 17,481 | FORD MTR CO DEL COM | 43,342.32 | 409,710.94 | 20,977.20 | 5.: |
| 38,400 | GENERAL ELEC CO COM | 25,839.69 | 1,840,800.00 | 24,576.00 | 1.: |
| 1,000 | JEFFERSON-PILOT CORP COM W/RIGHTS ATTACHED EXP 2/8/2009 | 22,817.78 | 74,750.00 | 1,480.00 | 2.( |
| 18,000 | MCDONALDS CORP COM | 66,350.00 | 612,000.00 | 3,870.00 | 0.( |
| 16,200 | MEL^K & CO INC COM | 38,395.60 | 1,516,725.00 | 22,032.00 | 1.5 |
| 3,000 | NESTLE S A SPONSORED ADR REPSTG REG SH | 93,750.00 | 349,893.00 | 3,237.00 | 0.5 |
| 32,800 | PFIZER INC COM W/RTS ATTACHED EXP 10/15/2007 | 39,519.78 | 1,508,800.00 | 14,432.00 | 1.( |
| 24,000 | PHILIP MORRIS COS INC COM | 83,975.00 | 1,056,000.00 | 50,880.00 | 4.8 |
| 16,000 | PITNEY-BOWES INC COM W/RTS ATTACHED EXP 02/20/2006 | 65,200.00 | 530,000.00 | 18,240.00 | 3.4 |
| 9,600 | ROYAL DUTCH PETE CO NY REGISTRY SH PAR N GLDR 1.25 | 117,458.00 | 581,400.00 | 11,270.40 | 1.9 |
| 12,900 | SARA LEE CORP COM W/RTS ATTACHED EXP 05/31/2008 | 56,147.25 | 316,856.25 | 7,482.00 | 2.4 |
| 1,309 | VISTEON CORP COM | 1,772.66 | 15,053.50 | 314.16 | 2.1 |
| | TOTAL | 762,390.20 | 11,180,307.63 | 194,469.77 | 1.7 |
| CONTRACTS, NOTES, MORTGAGES | | | | | |
| | PROMISSORY NT DTD 10/9/99 FROM ROBERT C HAYES SECD BY LIFE INS MASS MUTUAL POL #200-70576880-RH 6% 10/09/1999 | 2,019,481.90 | 2,019,481.90 | 121,168.91 | 6.0 |
| | TOTAL | 2,019,481.90 | 2,019,481.90 | 121,168.91 | 6.0 |
| REAL ESTATE | | | | | |
| 1 | CABIN ON 13,075+- ACRES, LAKE COUNTY, MINNESOTA | 18,610.89 | 18,610.89 | | |

ROBERT CANNON HAYES
TRUST - CA CANNON
DTD 5-12-53

FIRST UNION NATIONAL BANK

ACCOUNT NUMBER 1019854916



SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2000

| | | BOOK VALUE | MARKET VALUE | EST INCOME | YIELD |
|---|---|---|---|---|---|
| EAL ESTATE | | | | | |
| 1 | 40+- ACRES INCL 2 CABINS SE 1/4 OF SE 1/4, SECTION 7, TWP. 59 N., RANGE 10 WEST, LAKE CO., MN. | 22,351.03 | 21,634.50 | 600.00 | 2.8 |
| 1 | TIMBER LOCATED ON 13,075+- ACRES LAKE COUNTY MINNESOTA | 304,445.37 | 736,703.47 | | |
| 1 | 5 ACRES & HOUSE, 1975 HWY 73 EAST, CONCORD, NC CABARRUS CNTY (SFD-IP) | 123,659.29 | 136,000.00 | 7,200.00 | 5.3 |
| 1 | HOUSE & LOT, 49 BRAYS ISLAND, SHELDON, SC 29941 | 151,752.50 | 1,185,625.00 | 36,000.00 | 3.0 |
| 1 | 13,022.90 +/- ACRES TIMBERLAND LAKE COUNTY, MINNESOTA | 393,395.38 | 768,500.00 | | |
| | TOTAL | 1,014,214.46 | 2,867,073.86 | 43,800.00 | 1.5 |
| IABILITIES | | | | | |
| | LIAB:SPECIAL FACILITIES CHARGE AGREEMENT AND PROM NOTE RELATED TO THE SAND LAKE LINE-EXTENSION CONSTRUCTION LAKE CO MN | 1.00- | 1.00- | | |
| | ASSIGNMENT OF INCOME DTD 10/9/99 RE:PROMISSORY NT HELD IN THS ACCT | 1.00- | 1.00- | | |
| | TOTAL | 2.00- | 2.00- | | |
| RINCIPAL ASSETS | | 3,852,240.91 | 16,123,017.74 | 362,193.49 | 2.2 |
| RINCIPAL CASH | | | | | |
| OTAL | | 3,852,240.91 | 16,123,017.74 | | |

SCHEDULE III, ATTACHMENT B

ROBERT CANNON HAYES
TRUST - CA CANNON
(322)

FIRST UNION NATIONAL BANK

ACCOUNT NUMBER 1013731712



SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2000

| | | BOOK VALUE | MARKET VALUE | EST INCOME | YIEL |
|---|---|---|---|---|---|
| TEMPORARY INVESTMENTS | | | | | |
| | EVERGREEN SELECT MUNICIPAL MONEY MARKET FUND CL I (FD #496) | 229,520.64 | 229,520.64 | 11,177.66 | 4. |
| | TOTAL | 229,520.64 | 229,520.64 | 11,177.66 | 4. |
| MUNICIPALS | | | | | |
| 370,000 | CARY N C WTR BD DTD 10/1/91 BK ENTRY ONLY UT BK QUALIFIED(CALL 4/1/2001 @ 102) 5.9% 04/01/2001-2001 | 360,746.30 | 379,050.20 | 21,830.00 | 5. |
| 300,000 | CARY N C WTR BD DTD 10/1/91 BK ENTRY ONLY UT BK QUALIFIED(CALL 4/1/2001 @ 102) 6% 04/01/2001-2001 | 293,700.00 | 307,410.00 | 18,000.00 | 5. |
| 100,000 | CARY N C SAN SWR BD DTD 4/1/96 BEO UT N/C 5.2% 04/01/2006 | 103,542.00 | 104,769.00 | 5,200.00 | 5. |
| 50,000 | CATAWBA CNTY N C SCHOOL & COMMUNITY COLL BD DTD 6/1/94 BEO UT (C 6/1/2004 @ 100.5) 5.7% 06/01/2005-2004 | 52,788.50 | 52,492.50 | 2,850.00 | 5. |
| 300,000 | CHARLOTTE NC BD DTD 8/1/98 OID PUB IMPT SER A (C 2/1/2008 @ 102) 4.75% 02/01/2013-2008 | 296,766.00 | 301,536.00 | 14,250.00 | 4. |
| 450,000 | CHARLOTTE NC PUB IMPT BD DTD 8/1/91 BEO UT (P/R @ 102; O/N 2/1/2005) REFUNDED FROM AN ISSUE DTD 7/15/93 6.5% 02/01/2001-2001 | 463,848.00 | 459,814.50 | 29,250.00 | 6. |
| 300,000 | CHARLOTTE NC PUB IMPT BD DTD 8/1/91 BEO UT (P/R @ 102; O/N 2/1/2006) REFUNDED FROM AN ISSUE DTD 7/15/93 6.5% 02/01/2001-2001 | 299,250.00 | 306,543.00 | 19,500.00 | 6. |
| 100,000 | CHARLOTTE NC WTR & SWR BD DTD 6/1/92 BEO UT (P/R @ 102; O/N 6/1/2008) REFUNDED FROM AN ISSUE DTD 9/15/95 6.2% 06/01/2002-2002 | 109,156.00 | 104,828.00 | 6,200.00 | 5. |
| 100,000 | CHARLOTTE NC RFDG BD DTD 8/15/92 BEO UT N/C 5.2% 07/01/2002 | 98,862.00 | 101,605.00 | 5,200.00 | 5.1 |
| 400,000 | DURHAM CNTY N C BD DTD 2/1/92 BEO UT (C 2/1/2002 @ 102) 5.75% 02/01/2006-2002 | 398,096.00 | 414,428.00 | 23,000.00 | 5.5 |
| 200,000 | DURHAM CNTY N C RFDG BOND DTD 9/1/92 BOOK ENTRY ONLY UT (CALL 3/1/2002 @ 101.5) 5.2% 03/01/2005-2002 | 201,050.00 | 205,178.00 | 10,400.00 | 5.1 |

ROBERT CANNON HAYES
TRUST - CA CANNON
(322)

FIRST UNION NATIONAL BANK

ACCOUNT NUMBER 1013731712



SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2000

| MUNICIPALS | | BOOK VALUE | MARKET VALUE | EST INCOME | YIEI |
|---|---|---|---|---|---|
| 100,000 | DURHAM N C PUB IMPT BD DTD 2/1/92 BK ENTRY ONLY UT (CALL 2/1/2002 @ 101.5) 5.9% 02/01/2005-2002 | 99,750.00 | 103,231.00 | 5,900.00 | 5. |
| 235,000 | DURHAM N C PUB IMPT BD DTD 2/1/92 BK ENTRY ONLY UT (CALL 2/1/2002 @ 102) 5.9% 02/01/2006-2002 | 232,201.15 | 243,640.95 | 13,865.00 | 5. |
| 100,000 | GREENSBORO N C BD DTD 6/1/93 REDG BOOK ENTRY ONLY UT (CALL 5/1/2003 @101) 5.1% 05/01/2005-2003 | 99,553.00 | 102,943.00 | 5,100.00 | 5. |
| 400,000 | GREENVILLE NC UTILS COMMN COMB ENTERPRISE SYS REV BD DTD 3/15/2000 OID SER A (C 3/1/2009 @101; P 3/1/2010) 5.3% 09/01/2014-2009 | 396,008.00 | 415,056.00 | 21,200.00 | 5. |
| 100,000 | GUILFORD CNTY N C VAR PURP BD DTD 2/1/91 BEO REOF @99.121 TO YLD 6.3% UT (C 2/1/2001 @ 101.5) 6.2% 02/01/2001-2001 | 108,541.00 | 101,660.00 | 6,200.00 | 6. |
| 250,000 | MECKLENBURG CNTY N C PUB IMPT BD DTD 4/1/94 BEO UT (C 4/1/2004 @ 101) 5.4% 04/01/2006-2004 | 251,882.50 | 261,402.50 | 13,500.00 | 5.. |
| 50,000 | NORTH CAROLINA ST BD DTD 1/1/97 BEO OID REOF @99.515 TO YLD 5.35% (C 6/1/2006 @ 102) 5.1% 06/01/2010-2006 | 49,632.00 | 52,468.50 | 2,550.00 | 4.' |
| 50,000 | NORTH CAROLINA ST BD DTD 3/1/97 SER A BEO (C 3/1/2007 @101) 5.2% 03/01/2009-2007 | 50,316.50 | 52,648.00 | 2,600.00 | 4.' |
| 200,000 | NORTH CAROLINA ST BD DTD 04/1/98 SER A BEO REOF @ 101.899 TO YLD 4.53% (C 04/1/2008 100) 4.75% 04/01/2009 | 203,528.00 | 205,368.00 | 9,500.00 | 4.( |
| 600,000 | NORTH CAROLINA ST CAP IMPT BD DTD 10/1/91 BEO REOF @98.829 TO YLD 5.75% N/C 5.6% 04/01/2002 | 591,774.00 | 610,962.00 | 33,600.00 | 5.! |
| 200,000 | NORTH CAROLINA ST BD DTD 3/1/92 SER A PRISON & YOUTH SVCS FACS BEO (P/R @ 102; O/M 3/1/2006) REFUNDED FROM AN ISSUE DTD 10/15/93 6.1% 03/01/2002-2002 | 196,314.00 | 208,516.00 | 12,200.00 | 5.! |
| 100,000 | NORTH CAROLINA ST CLEAN WTR BD DTD 10/1/94 SER A BEO UT (C 6/1/2004 @ 101) 5.75% 06/01/2004-2004 | 97,800.00 | 106,033.00 | 5,750.00 | 5.4 |

ROBERT CANNON HAYES
TRUST - CA CANNON
(322)

FIRST UNION NATIONAL BANK

ACCOUNT NUMBER 1013731712



SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2000

| | | BOOK VALUE | MARKET VALUE | EST INCOME | YIEL |
|---|---|---|---|---|---|
| MUNICIPALS | | | | | |
| 300,000 | ORANGE CNTY N C BD DTD 5/1/91 BK ENTRY ONLY;BK QUALIFIED(CALL 5/1/2001 @ 102) 6.4% 05/01/2001-2001 | 290,196.00 | 308,289.00 | 19,200.00 | 6.: |
| 400,000 | ORANGE CNTY N C BD DTD 6/1/93 RFDG BOOK ENTRY ONLY (CALL 6/1/2003 @100.050) 5.1% 06/01/2004-2003 | 402,216.00 | 410,236.00 | 20,400.00 | 5.( |
| 400,000 | ORANGE CNTY N C BD DTD 4/1/2000 PUB IMPT (C 4/1/2010 @102) 5.3% 04/01/2015-2010 | 400,000.00 | 418,496.00 | 21,200.00 | 5.) |
| 100,000 | RALEIGH N C SAN SWR BD DTD 5/1/93 BEO RBOF @99.53 TO YLD 5.15% UT (C 5/1/2003 @ 101.5) 5.1% 05/01/2006-2003 | 102,999.00 | 103,330.00 | 5,100.00 | 4.! |
| 300,000 | RALEIGH N C BOND DTD 3/1/91 BK ENTRY ONLY (CALL 3/1/2001 @ 102) 6.4% 03/01/2001-2001 | 311,281.00 | 307,104.00 | 19,200.00 | 6.3 |
| 145,000 | RALEIGH N C BOND DTD 3/1/91 BK ENTRY ONLY UT(CALL 3/1/2001 @ 102) 6.4% 03/01/2001-2001 | 142,768.45 | 148,433.60 | 9,280.00 | 6.3 |
| 125,000 | RALEIGH N C BOND DTD 3/1/91 BK ENTRY ONLY;UT(CALL 3/1/2001 @ 102) 6.4% 03/01/2001-2001 | 119,123.75 | 127,960.00 | 8,000.00 | 6.3 |
| 125,000 | RALEIGH N C BOND DTD 3/1/91 BK ENTRY ONLY UT(CALL 3/1/2001 @ 102) 6.5% 03/01/2001-2001 | 119,276.25 | 127,978.75 | 8,125.00 | 6.3 |
| 100,000 | WILMINGTON N C RFDG BD DTD 7/1/93 BEO UT (C 3/1/2003 @ 101.5) 4.8% 03/01/2006-2003 | 101,131.00 | 102,379.00 | 4,800.00 | 4.7 |
| 200,000 | WINSTON-SALEM N C WTR & SWR SYS REV BD DTD 10/1/95 SER B 4.5% 06/01/2001 | 200,000.00 | 200,388.00 | 9,000.00 | 4.5 |
| | TOTAL | 7,244,096.40 | 7,456,177.50 | 411,950.00 | 5.5 |
| COMMON STOCKS | | | | | |
| 44,499 | AMERICAN INTL GRP INC COM | 457,076.15 | 4,385,932.69 | 6,585.85 | 0.2 |
| 2,890 | ANADARKO PETE CORP COM W/RIGHTS ATTACHED EXPIRING 11/10/2008 | 89,981.30 | 205,421.20 | 578.00 | 0.3 |
| 10,586 | BP PLC SPONSORED ADR | 212,486.63 | 506,804.75 | 12,861.99 | 2.5 |
| 6,000 | BANDAG INC CL A | 285,596.80 | 201,000.00 | 7,320.00 | 3.6 |
| 16 | BERKSHIRE HATHAWAY INC DEL CL A | 454,857.14 | 1,136,000.00 | | |
| 18 | BERKSHIRE HATHAWAY INC DEL CL B | 7,684.96 | 42,372.00 | | |
| 36,000 | BRISTOL-MYERS SQUIBB CO COM | 716,625.00 | 2,661,750.00 | 39,600.00 | 1.5 |

ROBERT CANNON HAYES
TRUST - CA CANNON
(322)

FIRST UNION NATIONAL BANK

ACCOUNT NUMBER 1013731712 PAGE 6

SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2000

| | | BOOK VALUE | MARKET VALUE | EST INCOME | YIEL |
|---|---|---|---|---|---|
| COMMON STOCKS | | | | | |
| 6,000 | BURLINGTON RES INC COM W/RIGHTS ATTACHED EXPIRING 12/16/2008 | 191,008.90 | 303,000.00 | 3,300.00 | 1. |
| 25,342 | CT COMMUNICATIONS INC COM NEW | 104,563.23 | 356,371.88 | 6,588.92 | 1. |
| 8,745 | CITIGROUP INC COM | 123,690.55 | 446,541.56 | 4,897.20 | 1. |
| 4,200 | DU PONT E I DE NEMOURS & CO COM | 80,325.00 | 202,912.50 | 5,880.00 | 2. |
| 5,850 | DUKE ENERGY CORP CO COM W/RIGHTS ATTACHED EXPIRING 12/16/2008 | 170,381.25 | 498,712.50 | 12,870.00 | 2. |
| 4,172 | EL PASO ENERGY CORP DEL COM | 45,008.39 | 298,819.50 | 3,437.73 | 1. |
| 21,901 | EXXON MOBIL CORP COM | 597,465.34 | 1,904,018.19 | 38,545.76 | 2. |
| 69,256 | FIRST CHARTER CORP COM/WITH RIGHTS ATTACHED EXP 7/19/2010 | 234,460.41 | 1,030,183.00 | 49,864.32 | 4. |
| 39,770 | FORD MTR CO DEL COM | 234,947.99 | 932,109.38 | 47,724.00 | 5. |
| 120,000 | GENERAL ELEC CO COM | 721,250.00 | 5,752,500.00 | 76,800.00 | 1. |
| 14,000 | INTL BUSINESS MACHINES CORP COM | 396,375.00 | 1,190,000.00 | 7,280.00 | 0. |
| 18,000 | MASCO CORP COM W/RIGHTS ATTACHED EXP 12/06/2005 | 209,250.00 | 462,375.00 | 9,360.00 | 2. |
| 22,500 | MERCK & CO INC COM | 407,812.50 | 2,106,562.50 | 30,600.00 | 1. |
| 8,000 | MINNESOTA MNG & MFG CO COM | 345,812.40 | 964,000.00 | 18,560.00 | 1. |
| 10,000 | NESTLE S A SPONSORED ADR REPSTG REG SH | 289,435.00 | 1,166,310.00 | 10,790.00 | 0. |
| 108,000 | PFIZER INC COM W/RTS ATTACHED EXP 10/15/2007 | 255,375.00 | 4,968,000.00 | 47,520.00 | 1. |
| 36,000 | PHILIP MORRIS COS INC COM | 834,000.00 | 1,584,000.00 | 76,320.00 | 4. |
| 40,000 | PITNEY-BOWES INC COM W/RTS ATTACHED EXP 02/20/2006 | 561,250.00 | 1,325,000.00 | 45,600.00 | 3. |
| 19,000 | ROYAL DUTCH PETE CO NY REGISTRY SH PAR N GLDR 1.25 | 375,250.00 | 1,150,687.50 | 22,306.00 | 1. |
| 9,240 | SONOCO PRODS CO COM | 177,048.00 | 199,815.00 | 7,392.00 | 3. |
| 6,250 | TEMPLE INLAND INC COM W/RIGHTS ATTACHED EXP 2/20/2009 | 228,906.25 | 335,156.25 | 8,000.00 | 2. |
| 7,500 | UNION PAC CORP COM | 184,699.87 | 380,625.00 | 6,000.00 | 1. |
| 17,043 | VERIZON COMMUNICATIONS COM | 445,283.30 | 854,280.38 | 26,246.22 | 3. |
| 2,978 | VISTEON CORP COM | 9,609.07 | 34,247.00 | 714.72 | 2. |
| 14,475 | WISCONSIN ENERGY CORP COM | 332,925.00 | 326,592.19 | 11,580.00 | 3. |
| | TOTAL | 9,780,440.47 | 37,912,099.97 | 645,122.71 | 1. |
| PRINCIPAL ASSETS | | 17,254,057.51 | 45,597,798.11 | 1,068,250.37 | 2. |
| PRINCIPAL CASH | | | | | |
| TOTAL | | 17,254,057.51 | 45,597,798.11 | | |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

(2)

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 6:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

John David Hayworth
(Full Name)

2434 Rayburn Bldg
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202/225-2190

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: AZ District: 6 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [ ] | No [X] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | J. D. Hayworth M.C. | 5/15/01 |

1845

Name J.D. Hayworth | Page 2 of 2

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Team PAC | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

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**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

Joel M. Hefley
(Full Name)

Rm. 2230 RHOB
Wash. D.C. 20515
(Mailing Address)

(202) 225-4422
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: CO. District: 5th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [ ] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [✓] | No [ ] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [✓] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [✓] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [✓] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [✓] | No [ ] |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [✓] |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [✓] |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [✓] |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [✓] |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [✓] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [✓] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Joel M. Hefley | 5/15/01 |

Name Joel M. Hefley | Page 2 of 5

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | SPOUSE: | | |
| | Co. STATE LEGISLATURE | spouse salary | NA |
| | STIRNMARK | spouse salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOEL M. HEFLEY Page 3 of 5

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000) | Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)) | Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000) | Block E: Transaction (P, S, E) |
|---|---|---|---|---|---|
| SP, DC, JT | Examples: SP Mega Corp. Stock | X | X | | P |
| | Examples: Simon & Schuster | Indefinite | Royalties | | |
| | Examples: 1st Bank of Paducah, KY accounts | X | X | X | |
| JT | Pat Moore Maher Apts N. Hancock St. Co. Sp. Co. | X | X | X | |
| JT | Friendship Pl. Apts. Friendship Pl. Co. Sp. Co. | X | X | X | |
| | Piper Jaffery & Hopwood Norcy Mkt. 25 N. Cascade Av. Co. Sp. Co. | X | X | X | |
| | | | | | |
| | | | | | |
| | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOEL M. HEFLEY



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST (Int.) | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NOTE ON OK. FARM | | | | X | | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | D. MACARTHUR, Edmond, OK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Public Emp. Retirement | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ASSN. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TEACHERS INS. ANNUITY | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | ASSN. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cong. FED. Credit Union | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |

WILL NOT RECEIVE INCOME UNTIL RETIREMENT (SAME AS ABOVE)

This page may be copied if more space is required.

Name JOEL M. HEFLEY | Page 5 of 5

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| JT | JIM BURTON | MORTGAGE ON 1/6 INTEREST IN DARTMOUTH APTS. HANCOCK ST. - CO. SP., CO. | | X | | | | | | | | |
| JT. | COMAS CO. - DALLAS, TEXAS | MORTGAGE ON 1/2 INTEREST IN FRIENDSHIP PL. APTS. FRIENDSHIP PL. - CO. SP. CO. | | X | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| NA | | |
| | | |
| | | |
| | | |

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



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Walter William Herger, Jr.
(Full Name)

2268 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-3076
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representative — State: CA, District: 02 | ☐ Officer Or Employee | Employing Office: |
| **Report Type** | (✓) Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Wally Herger | 5-15-01 |

# SCHEDULE I - EARNED INCOME

| Name | Walter William Herger, Jr. | Page 2 of 6 |
|---|---|---|

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Fairfax County | Spouse Salary | N/A |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Walter William Herger, Jr.



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | 1120 4th Ave. (Rio Oso, CA) | $100,001-$250,000 | Rent | $15,001 - $50,000 | NA |
| | Herger Ranch (Rio Oso, CA) | $1,000,001 - $5,000,000 | Rent | $15,001 - $50,000 | NA |
| | Herger Gas, Inc. (Rio Oso, CA) | $1,000,001 - $5,000,000 | S-corp Allocation | $15,001 - $50,000 | NA |
| | Smith Barney, Inc. | $1,001-$15,000 | Interest | $1,001-$2,500 | NA |
| | Bank of America (formerly Nation's Bank), Springfield, VA | $15,001-$50,000 | Interest | $5,001-$15,000 | NA |

## SCHEDULE V - LIABILITIES

**Name** Walter William Herger, Jr.



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Home Savings of America | Personal Loan | $50,001-$100,000 |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Walter William Herger, Jr.



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| Association of American Railroads Legislative Conference | April 28-30, 2000 | Washington, DC - Kiawah, SC - Washington, DC | Y | Y | Y | N/A |
| RIPON Educational Fund Legislative Conference | Nov. 24-Dec. 2, 2000 | Washington, DC - Rome, Italy - Washington, DC | Y | Y | Y | N/A |

# SCHEDULE VIII - POSITIONS

**Name** Walter William Herger, Jr.



**Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.**

| Position | Name of Organization |
|---|---|
| Director (Uncompensated) | Herger Gas, Inc. (Propane Gas Distribution, Rio Oso, CA) |

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



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(Office Use Only)

Baron P. Hill
(Full Name)

1208 Longworth HOB Washington, DC 20515
(Mailing Address)

(202) 225-5315
Daytime Telephone

MC

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: IN District: 9 | ☐ Officer Or Employee — Employing Office: |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Baron P. Hill | 5-10-01 |

1858

# SCHEDULE I - EARNED INCOME

Nam Baron P. Hill



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| Seymour Community Schools | Spouse Salary | N/A |

# SCHEDULE III - ASSETS AND "U

Nam Baron P Hill



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Merrill Lynch Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | Merrill Lynch Growth | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | Merrill Lynch Basic | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | Merrill Lynch Capital | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | Indiana Public Employees Retirement Fund (PERF) bonds | $15,001 - $50,000 | INTEREST | $201 - $1,000 | |
| SP | Teacher Retirement Fund | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | |

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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees

Maurice D. Hinchey
(Full Name)

2431 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-6335
Daytime Telephone

| | | | |
|---|---|---|---|
| **Filer Status** | ✓ Member of the U.S. House of Representatives | State: NY District: 26 | Officer Or Employee / Employing Office: |
| **Report Type** | ✓ Annual (May 15) | Amendment | Termination / Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ✓ | No |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes | No ✓ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ✓ | No |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes | No ✓ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes | No ✓ |
| VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes | No ✓ |
| VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ✓ | No |
| VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes | No ✓ |
| IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes | No ✓ |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes | No ✓ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes | No ✓ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4; § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | Maurice D. Hinchey | 5/10/01 |

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## SCHEDULE I - EARNED INCOME

| Name | Maurice D. Hinchey | Page 2 of 4 |
|---|---|---|

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| State of New York | Pension | $32,734 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

**Name** Maurice D. Hinchey



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Alfacell Common Stock | $1,001 - $15,000 | CAPITAL GAINS | NONE | |
| Prudential IRA Variable Investment | $15,001 - $50,000 | CAPITAL GAINS | NONE | |
| Novo Networks | $1,001 - $15,000 | CAPITAL GAINS | NONE | |

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Maunce D Hinchey



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| International Management and Development Institute | Jan 12-19 | Wash., D.C. - Baden-Baden, Germany - Albany, NY | Y | Y | N | 3 |
| Washington Office on Latin America | Feb 20-24 | New York - Havana - Albany | Y | Y | N | 0 |
| Center for Middle East Peace | Apr 18-20 | Albany - Cairo, Egypt - Albany | Y | Y | N | 0 |
| Congressional Program of the Aspen Institute | May 30 - June 4 | Albany - Vancouver - Albany | Y | Y | N | 0 |
| Congressional Program of the Aspen Institute | Aug 20 - 26 | Albany - Prague - Albany | Y | Y | N | 0 |
| Center for Middle East Peace | Nov 18 - 22 | Teterboro, NJ - Amman - Teterboro | Y | Y | N | 0 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

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9

RUBEN E. HINOJOSA
(Full Name)

P.O. BOX 1075
(Mailing Address)

(202) 225-2531
Daytime Telephone:

MERCEDES, TX 78570

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: TEXAS District: 15th | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Ruben Hinojosa | May 15, 2001 |

1865

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | H&H MEAT PRODUCTS CO., INC. | CONSULTING FEES | 30,000 |
| | $10,000 late payment for services in 1999 | | |
| | $20,000 for services in 2000 | | |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | COUNCIL FOR OPPORTUNITY IN EDUCATION | SPEECH | Mar. 20, 2000 | 2,000 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: RUBEN E. HINOJOSA



**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the Instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | Block B: A None | B $1,001 – $15,000 | C $15,001 – $50,000 | D $50,001 – $100,000 | E $100,001 – $250,000 | F $250,001 – $500,000 | G $500,001 – $1,000,000 | H $1,000,001 – $5,000,000 | I $5,000,001 – $25,000,000 | J $25,000,001 – $50,000,000 | K Over $50,000,000 | L | Block C: DIVIDENDS | RENTS | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E: P, S, or E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | Examples: SP Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| | Examples: Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | Examples: 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | 342 S. TEXAS AVE./MERCEDES, TX RUBEN'S RENTAL BUILDING | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| | REAL ESTATE ASSOCIATES | | X | | | | | | | | | | | | | | | | | PARTNERSHIP INCOME | | | X | | | | | | | | | |
| * SP | MORALES · BEST HINOJOSA ARCHITECTS, INC. | X | | | | | | | | | | | | | | | | | | S CORPORATION INCOME | X | | | | | | | | | | | |
| | HINOJOSA ENTERPRISES | | | X | | | | | | | | | | | | | | | | PARTNERSHIP INCOME | X | | | | | | | | | | | |
| | HINOJOSA DEVELOPMENT | | | | | | X | | | | | | | | | | | | | PARTNERSHIP INCOME | | | | | | X | | | | | | |
| SP | FIRM CONSULTANTS, INC. | | X | | | | | | | | | | | | | | | | | S CORPORATION INCOME | X | | | | | | | | | | | |

* S CORPORATION WAS DISSOLVED IN 2000

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RUBEN E HINOJOSA

Page 5 of 9

| | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | | A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | P, S, E |
| | H&H FOODS ESOP | | | | | X | | | | | | | | X | | | | | | | | | | | | | | | | | |
| | H&H FOODS STOCK | | | | | | | | | X | | | | X | | | | | | | X | | | | | | | | | | |
| DC | MERRILL LYNCH CMA | | | X | | | | | | | | | | X | | X | | | | | | X | | | | | | | | | |
| DC | TEXAS REGIONAL BANCSHARES | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| SP | MERRILL LYNCH (IRA) - CASH | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| SP | AVAYA INC | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| SP | INTL BANCSHARES STOCK | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| SP | LUCENT TECHNOLOGIES STOCK | | X | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | |
| SP | MICROSOFT CORP. STOCK | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| SP | WORLDCOM INC STOCK | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| DC | TEXAS TOMORROW FUND | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | |
| JT | BANK OF AMERICA CHECKING (DC) | | | X | | | | | | | | | | | | | N/A | | | | X | | | | | | | | | | |
| JT | BANK OF AMERICA SAVINGS | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| | MERRILL LYNCH CMA | | | | | X | | | | | | | | X | | X | | | | | | | | | | X | | | | | |
| * | E-COURT STOCK | X | | | | | | | | | | | | | | | N/A | | | | X | | | | | | | | | | |
| | DAIN RAUSCHER (IRA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MFS TOTAL RETURN FUND - A | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | |
| | MASSACHUSETTS INVESTORS | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | |
| | MFS GOVT SECURITIES FUND | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | |
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* THIS COMPANY WAS PLACED INTO RECEIVERSHIP ON OCTOBER 2, 2000.

## SCHEDULE IV — TRANSACTIONS

Name RUBEN E. HINOJOSA

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| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. | | | Type of Transaction | | | Date | Amount of Transaction | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | PURCHASE | SALE | EXCHANGE | (MO/DAY/YR) | B $1,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | |
| SP | *Example:* | Mega Corporation Common Stock | | | | 10–12–00 | | X | | | | | | | | |
| DC | TEXAS TOMORROW FUND | | X | | | VARIOUS | X | | | | | | | | | |
| | DAIN RAUSCHER (IRA) | | | | | | | | | | | | | | | |
| | MFS TOTAL RETURN FUND - A | | X | | | MONTHLY DIVIDEND REINVESTMENT | X | | | | | | | | | |
| | *MASSACHUSETTS INVESTORS | | X | | | QUARTERLY DIVIDEND REINVESTMENT | X | | | | | | | | | |
| | MFS GOVT SECURITIES FUND | | X | | | MONTHLY DIVIDEND REINVESTMENT | X | | | | | | | | | |

This page may be copied if more space is required.

Name RUBEN E. HINOJOSA | Page 7 of 9

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001-$15,000 | C $15,001-$50,000 | D $50,001-$100,000 | E $100,001-$250,000 | F $250,001-$500,000 | G $500,001-$1,000,000 | H $1,000,001-$5,000,000 | I $5,000,001-$25,000,000 | J $25,000,001-$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | H & H FOODS | LOAN TAXES PERSONAL (1990 - 1997) | | | X | | | | | | | |
| | HINOJOSA DEVELOPMENT CO. | PERSONAL LOAN 1984 | | | | X | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | CONGRESSIONAL HISPANIC CAUCUS INSTITUTE | MAY 19-22 | WASH., D.C - NEW YORK - WASH., DC | Y | Y | N | N |
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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| PARTNER | HINOJOSA DEVELOPMENT COMPANY |
| PARTNER | HINOJOSA ENTERPRISES |
| PARTNER | REAL ESTATE ASSOCIATES LIMITED II |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

36
KC

(Office Use Only)

| | |
|---|---|
| (Full Name) | David L. Hobson |
| (Mailing Address) | 2905 Kilkenny Drive Springfield, OH 45503 |
| Daytime Telephone: | 202-225-4324 |

| | | | |
|---|---|---|---|
| Filer Status | ☑ Member of the U.S. House of Representatives | State: OH District: 07 | ☐ Officer Or Employee — Employing Office: |
| Report Type | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☑ No ☐ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☑ No ☐ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☑ No ☐ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts--** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions--** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☑ No ☐ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | David L. Hobson | |

1874

# CHEDULE I - EARNED INCOME

Name David L. Hobson



st the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more iring the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding ,000.

| Source | Type | Amount |
|---|---|---|
| Public Employee Retirement System of Ohio | Legislative Pension | $10,795 |

# CHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name David L. Hobson



st the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An velope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| McGraw-Hill Defense Budget Conference, Wash., D.C. | Speech | March 23, 2000 | $2,000 |
| Ohio Valley Chapter- Institute of Scrap Recycling Industries, Cincinnati, OH | Speech | November 16, 2000 | $1,000 |

# CHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Year-End Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
| I-Four Partnership (Bldg& Land) 2138 N. Limestone, Springfield, Ohio | $1,000,001 - $5,000,000 | RENT | $5,001 - $15,000 | |
| Cablevision of Baton Rouge Partnership, Englewood, CO | None | INTEREST | $1 - $200 | Partnership Liquidated |
| Fidelity Investment Advisors, Inc. (S-Corp), (Joint venture partner in Turnberry Village Partnership and Edinburgh Village Partnership)McArthur, OH | $1,000,001 - $5,000,000 | S-Corp Income, Interest | $100,001 - $1,000,000 | |
| Fujiyama Columbus Partnership, Note Receivable | $250,001 - $500,000 | INTEREST | $15,001 - $50,000 | |

# CHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:05 From-Congressman Hobson +937 325 8188 T-475 P.006/037 F-378

| | BLOCK A<br>**Asset and/or Income Source**<br>dentify (a) each asset held for investment or production of income with fair market value exceeding $1,000 at the end of the reporting period, nd (b) any other asset or source of income which generated more than 200 in "unearned" income during the year. For rental property or land, rovide an address. Provide full names of any mutual funds. For a self irected IRA (i.e., one where you have the power to select the specific nvestments) provide information on each asset in the account that xceeds the reporting threshold and the income earned for the account. or an IRA or retirement plan that is not self-directed, name the nstitution holding the account and provide its value at the end of the eporting period. For an active business that is not publicly traded, in lock A state the nature of the business and its geographic location. or additional information, see instruction booklet for the reporting eriod.<br><br>Exclude: Your personal residence(s) (unless there is rental income); ny debt owed to you by your spouse, or by your or your spouse's child, arent, or sibling; any deposits totaling $5,000 or less in personal avings accounts; any financial interest in or income derived from U.S. overnment retirement programs.<br><br>f you so choose, you may indicate that an asset or income source is hat of your spouse (SP) or dependent child (DC) or is jointly held (JT). n the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Fujiyama Indianapolis Partnership, Note Receivable | $100,001 - $250,000 | INTEREST | $15,001 - $50,000 | |
| SP | Delaware Group ( Mutual Fund) | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | |
| | Kemper Technology Fund (Mutual Fund) | $15,001 - $50,000 | DIVIDENDS | $2,501 - $5,000 | |
| | Cooker Restaurant Corp (Stock) | None | DIVIDENDS | NONE | Transferred into Salomon Smith Barney # 715-51764-10 |

# CHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:06 From-Congressman Hobson +837 325 9188 T-475 P.007/037 F-378

| | BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Year-End Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|---|
| | Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
| SP | Proctor & Gamble (Stock) | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| | Proctor & Gamble (Stock) | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| | Security BancCorp (Stock) | None | DIVIDENDS | $201 - $1,000 | Transferred to Salomon Smith Barney #715-51764-10 |
| | Assets Held in American Express Acct. #7927473 | | | | |
| | Mutual Funds | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |

# CHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | IBM Corp (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | FLC (Stock) Formerly Newco FLC Stock | $100,001 - $250,000 | DIVIDENDS | NONE | |
| | International Basic Resources | $1,001 - $15,000 | DIVIDENDS | NONE | |
| | Ohio Public Employee Retirement Fund | $15,001 - $50,000 | Pension | $5,001 - $15,000 | |
| | G. Arthur Seelbinder (Note Receivable) | None | INTEREST | NONE | Obligation Satisfied |
| | Assets Held in Security National Bank (Grantor Trust) | | | | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:06 From-Congressman Hobson +937 325 8188 T-475 P.009/037 F-378

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Year-End Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
| Money Market Funds | None | DIVIDENDS | $1 - $200 | S |
| Security BancCorp (Stock) | None | DIVIDENDS | $201 - $1,000 | Transferred to Salomon Smith Barney #715-45624-12 |
| Assets Held in Salomon Smith Barney # 715-51764-10 | | | | |
| Citigroup, Inc. (Stock) | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| Intel Corp. (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

# :HEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:06 From-Congressman Hobson +937 325 9180 T-475 P.010/037 F-378

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Nokia Sponsored ADR (Stock) | $50,001 - $100,000 | DIVIDENDS | $201 - $1,000 | |
| Security BancCorp (Stock) | $50,001 - $100,000 | DIVIDENDS/CAPITAL LOSS | $1,001 - $2,500 | Transferred into Account/ S |
| Western Ohio Financial Corp (Stock) | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| Cisco Systems, Inc. (Stock) | $50,001 - $100,000 | DIVIDENDS | NONE | P |
| Champaign Telephone CO. (Stock) | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | |
| Chevron Corp (Stock) | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:06 From-Congressman Hobson +937 325 9188 T-475 P.011/037 F-378

| BLOCK A<br>Asset and/or Income Source | BLOCK B<br>Year-End Value of Asset | BLOCK C<br>Type of Income | BLOCK D<br>Amount of Income | BLOCK E<br>Transaction |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
| Cooker Restaurant Corp. (Stock) | None | CAPITAL LOSS | NONE | Transferred into Account/ S |
| DoubleCLick, Inc. (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| IBM Corp. (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| Proctor & Gamble (Stock) | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| Beacon Power Corp. (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| EMC Corp - Mass (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:07 From-Congressman Hobson T-475 P.012/037 F-378 4937 325 9188

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account, or an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Hydrogenics Corp (Stock) | $1 - $1,000 | DIVIDENDS | NONE | P |
| Manufacturers Services, Ltd. (Stock) | $1 - $1,000 | DIVIDENDS | NONE | P |
| Microsoft Corp (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Monsanto Co. (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Time Warner, Inc. (Stock) | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | P |
| Arlington Bank Restricted (Stock) | $15,001 - $50,000 | DIVIDENDS | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:07 From-Congressman Hobson +937 325 9188 T-475 P.013/037 F-378

| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Assets Held in Salomon Smith Barney #715-45624-12 | | | | |
| | Security BancCorp (Stock) | $100,001 - $250,000 | DIVIDENDS/CAPITAL LOSS | $1,001 - $2,500 | Transferred into Account, P and S |
| | Smith Barney Money Funds | None | DIVIDENDS | NONE | S |
| | Bristol Myers Squibb (Stock) | None | CAPITAL LOSS | NONE | S |
| | Lucent Technologies (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Microsoft Corp (Stock) | $15,001 - $50,000 | DIVIDENDS | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:07 From-Congressman Hobson +937 325 9189 T-475 P.014/037 F-378

| BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Year-End Value of Asset** | BLOCK C<br>**Type of Income** | BLOCK D<br>**Amount of Income** | BLOCK E<br>**Transaction** |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
| Dell Computer Corp (Stock) | None | CAPITAL LOSS | NONE | S |
| Doubleclick, Inc (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| MCI Worldcom, Inc. (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Nokia Corp (Stock) | $15,001 - $50,000 | DIVIDENDS | NONE | |
| Intel Corp (stock) | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| Orient Express Hotels Ltd (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Viryanet Ltd (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| ASAT Holdings Ltd (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| America Online Latin Amer Inc. (Stock) | $1 - $1,000 | DIVIDENDS | NONE | P |
| Avaya, Inc. (Stock) | $1 - $1,000 | DIVIDENDS | NONE | P |
| Chalone Wine Group Ltd (Stock) | $1 - $1,000 | DIVIDENDS | NONE | P |
| Deltagen, Inc. (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |

# CHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:07 From-Congressman Hobson +937 325 9188 T-475 P.016/037 F-378

| BLOCK A<br>Asset and/or Income Source | BLOCK B<br>Year-End Value of Asset | BLOCK C<br>Type of Income | BLOCK D<br>Amount of Income | BLOCK E<br>Transaction |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
| Equinex Inc. (Stock) | $1 - $1,000 | DIVIDENDS | NONE | P |
| EXE Technologies, Inc. (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Iasiaworks, Inc. (Stock) | $1 - $1,000 | DIVIDENDS | NONE | P |
| Navigant Consulting CO (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Proton Energy Systems (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Exult, Inc. (Stock) | None | CAPITAL LOSS | NONE | P and S |

# CHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:08 From-Congressman Hobson +937 325 0188 T-475 P.017/037 F-378

| BLOCK A<br>Asset and/or Income Source | BLOCK B<br>Year-End Value of Asset | BLOCK C<br>Type of Income | BLOCK D<br>Amount of Income | BLOCK E<br>Transaction |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
| John Hancock Financial Services (Stock) | None | CAPITAL LOSS | NONE | P and S |
| Metawave Communication Corp (Stock) | None | CAPITAL GAINS | $2,501 - $5,000 | P and S |
| Pixelworks, Inc (Stock) | None | CAPITAL GAINS | $2,501 - $5,000 | P and S |
| Praecis Pharmaceuticals (Stock) | None | CAPITAL GAINS | $2,501 - $5,000 | P and S |
| Rita Med Sys, Inc. (Stock) | None | CAPITAL LOSS | NONE | P and S |
| SCG Holding Corp (Stock) | None | CAPITAL GAIN | $1,001 - $2,500 | P and S |

# CHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:08 From-Congressman Hobson +937 325 9188 T-475 P.018/037 F-378

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Signalsoft Corp (Stock) | None | CAPITAL GAIN | $201 - $1,000 | P and S |
| Vascular Solutions, Inc. (Stock) | None | CAPITAL GAIN | $201 - $1,000 | P and S |
| Western Multiplex Corp (Stock) | None | CAPITAL GAIN | $201 - $1,000 | P and S |
| Assets Held in IRA Advest Acct. # 782-70032 | | | | |
| Microsoft Corp (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| Security BancCorp (Stock) | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | S |

# CHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by you; spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>if other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Money Funds | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P and S |
| | Qualcomm, Inc. (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| | Nokia Corp (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| | Doubleclick, Inc. (Stock) | $1 - $1,000 | DIVIDENDS | NONE | P |
| | Assets Held in Salomon Smith Barney Acct # 715-50987-13 | | | | |
| | Select Unit Trust | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P and S |

# CHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:08 From-Congressman Hobson 937 325 9180 T-475 P.026/037 F-378

| | BLOCK A<br>Asset and/or Income Source | BLOCK B<br>Year-End Value of Asset | BLOCK C<br>Type of Income | BLOCK D<br>Amount of Income | BLOCK E<br>Transaction |
|---|---|---|---|---|---|
| | dentify (a) each asset held for investment or production of income with fair market value exceeding $1,000 at the end of the reporting period, nd (b) any other asset or source of income which generated more than 200 in "unearned" income during the year. For rental property or land, rovide an address. Provide full names of any mutual funds. For a self irected IRA (i.e., one where you have the power to select the specific nvestments) provide information on each asset in the account that xceeds the reporting threshold and the income earned for the account. or an IRA or retirement plan that is not self-directed, name the nstitution holding the account and provide its value at the end of the eporting period. For an active business that is not publicly traded, in lock A state the nature of the business and its geographic location. or additional information, see instruction booklet for the reporting ear.<br><br>xclude: Your personal residence(s) (unless there is rental income); ny debt owed to you by your spouse, or by your or your spouse's child, arent, or sibling; any deposits totaling $5,000 or less in personal avings accounts; any financial interest in or income derived from U.S. overnment retirement programs.<br><br>f you so choose, you may indicate that an asset or income source is hat of your spouse (SP) or dependent child (DC) or is jointly held (JT), n the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
| | SSB Money Funds | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | Mutual Funds | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| SP | Assets in Salomon Smith Barney IRA Acct# 715-57493-15 | | | | |
| | Select Unit Trusts | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P and S |
| | SSB Money Funds | $1 - $1,000 | DIVIDENDS | $1 - $200 | |
| | Mutual Funds | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |

# CHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see Instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Assets Held in American Express Acct # 12506655 | | | | |
| | American Express (Stock) | $15,001 - $50,000 | DIVIDENDS | $1 - $200 | |
| | Colgate Palmolive (Stock) | None | DIVIDENDS/CAPITAL GAINS | $15,001 - $50,000 | S |
| | Proctor & Gamble (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| | CitiGroup (Stock) | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| | Microsoft Corp (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson



May-15-01 12:09 From-Congressman Hobson +937 325 9188 T-475 P.022/037 F-378

| BLOCK A<br>Asset and/or Income Source | BLOCK B<br>Year-End Value of Asset | BLOCK C<br>Type of Income | BLOCK D<br>Amount of Income | BLOCK E<br>Transaction |
|---|---|---|---|---|
| Identify (a) each asset held for investment or production of income with fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
| Huntington Bancshares, Inc. (Stock) | None | CAPITAL GAINS | $201 - $1,000 | S |
| IBM Corp (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| Doubleclick, Inc. (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| Nokia Corp (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| Assets in Salomon Smith Barney # 715-06351-13 | | | | |
| CMGI Inc. (Stock) | $1 - $1,000 | DIVIDENDS | NONE | |

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Name David L. Hobson



May-15-01 12:09 From-Congressman Hobson +937 325 9188 T-475 P.023/037 F-378

| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependant child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|
| Doubleclick, Inc. (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | |
| Exxon Mobil Corp (Stock) | $15,001 - $50,000 | DIVIDENDS | $201 - $1,000 | |
| General Electric CO. (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| IBM Corp (Stock) | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| Oracle Corp (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | |
| Proctor & Gamble (Stock) | $500,001 - $1,000,000 | DIVIDENDS | $5,001 - $15,000 | |

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|---|---|---|---|---|---|
| | Qualcomm, Inc. (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | |
| | Yahoo, Inc. (Stock) | $1,001 - $15,000 | DIVIDENDS | NONE | |
| | SSB Money Funds | $15,001 - $50,000 | DIVIDENDS | $1,001 - $2,500 | P |
| SP | Assets Held in Salomon Smith Barney # 715-01917-11 | | | | |
| | Proctor & Gamble (Stock) | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | |
| | Security National Bank (Stock) | $100,001 - $250,000 | DIVIDENDS | $2,501 - $5,000 | |

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# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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|---|---|---|---|---|
| Mutual Funds | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| Unit Investment Trusts | $1,001 - $15,000 | DIVIDENDS/CAPITAL GAINS | $201 - $1,000 | P and S |
| SSB Money Funds | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |

# CHEDULE IV - TRANSACTIONS

Name David L. Hobson



port any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a nsaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, IT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Assets Held in Security National Bank (Grantor Trust) Money Market Funds | S | Various | $1,001 - $15,000 |
| | Assets Held in Salomon Smith Barney #715-51764-10 | | | |
| | Security BancCorp (Stock) | S | Various | $15,001 - $50,000 |
| | Cooker Restaurant Corp (Stock) | S | Various | $50,001 - $100,000 |
| | Beacon Power Corp (Stock) | P | 11-16-00 | $1,001 - $15,000 |
| | EMC Corp - Mass (Stock) | P | 4-17-00 | $1,001 - $15,000 |
| | Hydrogenics Corp (Stock) | P | 10-26-00 | $1,001 - $15,000 |
| | Manufacturers Services, Ltd (Stock) | P | 06-23-00 | $1,001 - $15,000 |
| | Microsoft Corp (Stock) | P | 04-25-00 | $1,001 - $15,000 |
| | Monsanto CO. (Stock) | P | 10-17-00 | $1,001 - $15,000 |
| | Time Warner, Inc. (Stock) | P | 01-25-00 | $15,001 - $50,000 |
| | Cisco Systems, Inc. (Stock) | P | 05-10-00 | $15,001 - $50,000 |

# SCHEDULE IV - TRANSACTIONS

Name David L. Hobson



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Doubleclick Inc. (Stock) | P | 04-17-00 | $1,001 - $15,000 |
| | IBM Corp (Stock) | P | 04-17-00 | $1,001 - $15,000 |
| | Assets Held in Salomon Smith Barney # 715-45624-12 | | | |
| | Security National Bank (Stock) | P | 11-21-00 | $15,001 - $50,000 |
| | Security National Bank (Stock) | S | Various | $15,001 - $50,000 |
| | Smith Barney Money Funds | S | Valous | $1,001 - $15,000 |
| | Bristol Myers Squibb (Stock) | S | 03-07-00 | $15,001 - $50,000 |
| | Dell Computer Corp (Stock) | S | 02-08-00 | $1,001 - $15,000 |
| | Doubleclick, Inc. (Stock) | P | Various | $15,001 - $50,000 |
| | MCI Worldcom, Inc. (Stock) | P | 02-08-00 | $1,001 - $15,000 |
| | Orient Express Hotels Ltd (Stock) | P | 08-09-00 | $1,001 - $15,000 |
| | Viryanet Ltd (Stock) | P | 09-19-00 | $1,001 - $15,000 |

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SP, DC, IT

| Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|
| ASAT Holdings Ltd (Stock) | P | 07-11-00 | $1,001 - $15,000 |
| America Online Latin Amer, Inc. (Stock) | P | 08-07-00 | $1,001 - $15,000 |
| Chalone Wine Group (Stock) | P | 09-08-00 | $1,001 - $15,000 |
| Deltagen, Inc (Stock) | P | 08-02-00 | $1,001 - $15,000 |
| Equinex, Inc. (Stock) | P | 08-10-00 | $1,001 - $15,000 |
| EXE Technologies, Inc. (Stock) | P | 08-04-00 | $1,001 - $15,000 |
| Iasiaworks, Inc. (Stock) | P | 08-02-00 | $1,001 - $15,000 |
| Navigant Consulting Co (Stock) | P | 07-24-00 | $1,001 - $15,000 |
| Proton Energy Systems (Stock) | P | 09-28-00 | $1,001 - $15,000 |
| Exult, Inc. (Stock) | P | 06-02-00 | $1,001 - $15,000 |
| Exult, Inc. (Stock) | S | 08-07-00 | $1,001 - $15,000 |
| John Hancock Financial Services (Stock) | P | 01-26-00 | $1,001 - $15,000 |

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| SP, DC, IT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | John Hancock Financial Services (Stock) | S | 03-15-00 | $1,001 - $15,000 |
| | Metawave Communication Corp (Stock) | P | 04-26-00 | $1,001 - $15,000 |
| | Metawave Communication Corp (Stock) | S | 05-19-00 | $1,001 - $15,000 |
| | Pixelworks, Inc (Stock) | P | 05-19-00 | $1,001 - $15,000 |
| | Pixelworks, Inc (Stock) | S | 06-22-00 | $1,001 - $15,000 |
| | Praecis Pharmaceuticals (Stock) | P | 04-26-00 | $1,001 - $15,000 |
| | Praecis Pharmaceuticals (stock) | S | 05-19-00 | $1,001 - $15,000 |
| | Rita Med Sys, Inc (Stock) | P | 07-26-00 | $1,001 - $15,000 |
| | Rita Med Sys, Inc (Stock) | S | 08-07-00 | $1,001 - $15,000 |
| | SCG Holding Corp (Stock) | P | 04-27-00 | $1,001 - $15,000 |
| | SCG Holding Corp (Stock) | S | 06-22-00 | $1,001 - $15,000 |
| | Signalsoft Corp (Stock) | P | 08-02-00 | $1,001 - $15,000 |

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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Signalsoft Corp (Stock) | S | 08-07-00 | $1,001 - $15,000 |
| | Vascular Solutions, Inc. (stock) | P | 07-19-00 | $1,001 - $15,000 |
| | Vascular Solutions, Inc. (Stock) | S | 08-07-00 | $1,001 - $15,000 |
| | Western Multiplex Corp (Stock) | P | 07-31-00 | $1,001 - $15,000 |
| | Western Multiplex Corp (Stock) | S | 08-07-00 | $1,001 - $15,000 |
| | Avaya, Inc. (Stock) | P | Various | $1,001 - $15,000 |
| | Assets Held in American Express Acct # 12506655 | | | |
| | Huntington Bancshares, Inc. (Stock) | S | 01-06-00 | $1,001 - $15,000 |
| | Doubleclick, Inc. (Stock) | P | Various | $1,001 - $15,000 |
| | Nokia Corp (Stock) | P | Various | $1,001 - $15,000 |
| | Colgate Palmolive (Stock) | S | 01-06-00 | $15,001 - $50,000 |
| SP | Assets Held in Salomon Smith Barney # 715-01917-11 | | | |

May-15-01 12:11 From-Congressman Hobson +937 325 8188 T-475 P.030/037 F-378

# CHEDULE IV - TRANSACTIONS

Name David L. Hobson



May-15-01 12:11 From-Congressman Hobson T-475 P.031/037 F-978
4937 325 9188

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| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Unit Investment Trusts | P | 11-16-00 | $1,001 - $15,000 |
| | Unit Investment Trusts | S | 11-16-00 | $1,001 - $15,000 |
| | SSB Money Funds | P | Various | $1,001 - $15,000 |
| | Assets Held in Salomon Smith Barney IRA Acct # 715-50987-13 | | | |
| | Unit Investment Trusts | S | Various | $1,001 - $15,000 |
| SP | Assets Held in Salomon Smith Barney IRA Acct # 715-57493-15 | | | |
| | Select Unit Investment Trusts | P | Various | $1,001 - $15,000 |
| | Select Unit Investment Trusts | S | Various | $1,001 - $15,000 |
| | Mutual Funds | P | 05-05-00 | $1,001 - $15,000 |
| | Assets Held in Advest IRA Acct#782-70032 | | | |
| | Doubleclick, Inc. (Stock) | P | 01-04-00 | $1,001 - $15,000 |
| | Microsoft, Inc. (Stock) | P | 01-04-00 | $1,001 - $15,000 |

# CHEDULE IV - TRANSACTIONS

Name David L. Hobson



May-15-01 12:11 From-Congressman Hobson +937 325 9188 T-475 P.032/037 F-378

port any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a nsaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Nokia Corp (Stock) | P | 01-04-00 | $1,001 - $15,000 |
| | Qualcomm, Inc. (Stock) | P | 01-04-00 | $1,001 - $15,000 |
| | Security BancCorp (Stock) | S | 01-04-00 | $15,001 - $50,000 |
| | Money Funds | P | Various | $1,001 - $15,000 |
| | Money Funds | S | Various | $1,001 - $15,000 |
| | Assets Held in Salomon Smith Barney #715-06351-13 | | | |
| | SSB Money Funds | P | Various | $15,001 - $50,000 |

# :HEDULE V - LIABILITIES

Name David L. Hobson



May-15-01 12:16 From-Congressman Hobson +937 325 9188 T-476 P.033/037 F-378

port liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest ount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or pliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the se of the preceding calendar year exceeded $10,000.

| ;P, )C, IT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | Bank One (Paid off 2000) | Loan Secured by Stock | $100,001 - $250,000 |
| | KeyBank | Fujiyama Columbus OH Partnership Restaurant & Land | $250,001 - $500,000 |
| | Security National Bank | First Mortgage on 2138 N. Limestone Street | $500,001 - $1,000,000 |
| | Huntington National Bank | Mortgage on Parcels #22033440032 & #22033440020, Rt 68, SPFLD, OH (Fidelity Investment Advisors Inc) | $50,001 - $100,000 |
| | Huntington National Bank | Revolving Line of Credit | $100,001 - $250,000 |
| | Heller Small Business Lending Corp Indianapolis, IN | Mortgage on Fujiyama Restaurant, Indianapolis, IN | $100,001 - $250,000 |
| | Security National Bank | Business Note | $15,001 - $50,000 |
| | Provident Bank (Paid off 2000) | Business Note, Turnberry Village Development, 1525 Turnberry Village Dr, Dayton OH (Fidelity Investment Advisors, Inc.) | $500,001 - $1,000,000 |
| | Ohio Bank (Paid off 2000) | Land Loan, Edinburgh Village Development, Parcel #067-038-11-0006, St Rt 48, Dayton, OH (Fidelity Investment Advisors, Inc.) | $250,001 - $500,000 |
| | Salomon Smith Barney | Note Secured by Stock | $100,001 - $250,000 |

# SCHEDULE V - LIABILITIES

Name David L. Hobson



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | New Carlisle Federal | Revolving Line of Credit | $50,001 - $100,000 |
| | Provident Bank | Business Note, Edinburgh Village Development, St Rte 48, Dayton, OH (Fidelity Investment Advisors, Inc.) | $1,000,001 - $5,000,000 |

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name David L. Hobson



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure--Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|
| American Crop Protection Association | Sept. 23-25 | Springfield, OH--White Sulpher Springs, W. VA.--Wash., D.C. | Y | Y | Y | N |

# :HEDULE VIII - POSITIONS

Name David L. Hobson



port all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, presentative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any ucational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an norary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Partner | I-Four |
| Partner (Ended 2000) | Cablevision of Baton Rouge, Ltd |
| Officer | Fidelity Investment Advisors, Inc. |

# :HEDULE IX - AGREEMENTS

Name David L. Hobson



ntify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of vernment service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an ployee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| 982-resent | State of Ohio Public Employee Retirement System | Continuing Participation in Retirement Plan |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 5:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

(10)

JOSEPH M. HOEFFEL
(Full Name)

1908 LYCOMING AVE
(Mailing Address)

ABINGTON PA 19001

Daytime Telephone: 610-272-8400

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives — State: PA District: 13 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] | No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] | No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Joseph M. Hoeffel | 5/15/01 |

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Name JOSEPH M HOEFFEL Page 1 of 6

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | SCHOOL DISTRICT OF PHILADELPHIA | SPOUSE SALARY | NA |

**For payments to charity in lieu of honoraria, use Schedule II.**

Name JOSEPH M HOEFFEL | Page 2 of 6

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | | Block B: Value of Asset | Block C: Type of Income | Block D: Amount of Income | Block E: Transaction |
|---|---|---|---|---|---|---|
| SP, DC, JT | *Examples:* | SP | A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000 | DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000 | P, S, E |
| | Mega Corp. Stock | | | X | | P |
| | Simon & Schuster | | Indefinite | Royalties | | |
| | 1st Bank of Paducah, KY accounts | | X | X | X | |
| | NORTHEAST UTILITIES STOCK | | X | X | X | |
| | VANGUARD INDEX 500 STOCK | | X | X | X | |
| | VANGUARD WINDSOR II IRA | | X | NA | NA | |
| | VANGUARD WELLESLEY IRA | | X | NA | NA | |
| | AETNA VARIABLE FUND DEFERRED COMP | | X | NA | NA | |
| | EQUITABLE IRA | | X | NA | NA | |

For additional assets and unearned income, use next page.

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOSEPH M HOEFFEL

Page 3 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | SCHOOL DIST. OF PHILA. PENSION | | | | X | | | | | | | | | NA | | | | | | | NA | | | | | | | | | | | |
| | VANGUARD ASSET ALLOCATION IRA | | | | X | | | | | | | | | NA | | | | | | | NA | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name JOSEPH M HOEFFEL Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | VANGUARD INDEX 500 STOCK FUND | | | | VARIOUS | | X | | | | | | | | |

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## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | AFSA, MILWAUKEE, WI | EDUCATION LOAN | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| Examples: | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | Commonwealth Fund JF Kennedy School of Govt Faith & Politics Institute + Sponsors (attached) | Jan 21-23 | Phila Pa - Tuscaloosa Ala, Fla - Phila Pa | Y | Y | Yes | N |
| | | Mar 3-5 | Wash DC - Birmingham, Ala | | | | |
| | | | Selma, Ala - Wash DC | Y | Y | No | Member paid his own transportation expenses |

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12/97

**U.S. House of Representatives**
**EMPLOYEE TRAVEL DISCLOSURE FORM**

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with House Rule 51, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk shall make these forms available to the public as soon as possible after they are filed. *Provide a good faith estimate of all expenses.*

NAME OF EMPLOYEE (PRINT OR TYPE): JOSEPH M. HOEFFEL

NAME OF ACCOMPANYING FAMILY MEMBER: FRANCESCA M. HOEFFEL

RELATIONSHIP TO EMPLOYEE (check one): ✓ spouse ____ child

DATES OF TRAVEL: January 20-23, 2000

DATES AT PERSONAL EXPENSE: n/a

DESTINATION(S): Turnberry Isle, Florida

SPONSOR (WHO PAID FOR THE TRIP): Commonwealth Fund, JF Kennedy School of Govt.

PURPOSE OF TRIP: Bi-partisan Health Policy Conference

TOTAL TRANSPORTATION EXPENSES:

For employee: 401.80

For accompanying spouse or child: 401.80

TOTAL LODGING EXPENSES:

For employee: 629.45

For accompanying spouse or child: 629.44

TOTAL MEAL EXPENSES:

For employee: 358.94

For accompanying spouse or child: 332.00

TOTAL OF ALL OTHER EXPENSES:

For employee: 39.95

For accompanying spouse or child: -0-

SIGNATURE OF EMPLOYEE: ✓ Joseph M. Hoeffel DATE: 02-14-00

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that he/she is using public office for private gain.

NAME OF SUPERVISING MEMBER/OFFICER (PRINT OR TYPE): JOSEPH M. HOEFFEL ✓

SIGNATURE OF SUPERVISING MEMBER/OFFICER: ✓ Joseph M. Hoeffel DATE: 02-14-00

12/97

**U.S. House of Representatives**
**EMPLOYEE TRAVEL DISCLOSURE FORM**

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with House Rule 51, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk shall make these forms available to the public as soon as possible after they are filed. *Provide a good faith estimate of all expenses.*

NAME OF EMPLOYEE (PRINT OR TYPE): JOSEPH M HOEFFEL MC

NAME OF ACCOMPANYING FAMILY MEMBER: N/A

RELATIONSHIP TO EMPLOYEE (check one): ____ spouse ____ child

DATES OF TRAVEL: MARCH 3-5, 2000

DATES AT PERSONAL EXPENSE: N/A

DESTINATION(S): BIRMINGHAM, MONTGOMERY, SELMA, ALA.

SPONSOR (WHO PAID FOR THE TRIP): FAITH & POLITICS INSTITUTE + SPONSORS (LIST ATTACH

PURPOSE OF TRIP: ALABAMA PILGRIMAGE - 35TH ANNIVERSARY OF 1965 VOTING RIGHTS MARCH

TOTAL TRANSPORTATION EXPENSES:

For employee: 135.00*

For accompanying spouse or child: —

TOTAL LODGING EXPENSES:

For employee: 214.00

For accompanying spouse or child: —

TOTAL MEAL EXPENSES:

For employee: 140.00

For accompanying spouse or child: —

TOTAL OF ALL OTHER EXPENSES:

For employee: N/A

For accompanying spouse or child: —

SIGNATURE OF EMPLOYEE: _____ DATE: _____

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that he/she is using public office for private gain.

NAME OF SUPERVISING MEMBER/OFFICER (PRINT OR TYPE): Joseph M Hoeffel

SIGNATURE OF SUPERVISING MEMBER/OFFICER: _____ DATE: May 10, 2000

* Mr. [illegible] rec'd $500.00 toward transportation expenses.

*"Every child... grows up knowing what Lexington Green is. He or she should also know what Kelly Ingram Park in Birmingham is. [Every child] grows up knowing [what happened at] Concord Bridge in Massachusetts. He or she should also know what happened at the Edmund Pettus Bridge, too."*

*-Rep. John Spratt (D-SC)*

*"[The Pilgrimage] has given me a powerful message to go back and talk to [constituents] now about what people before them had to go through to get the right to vote, and that they should not squander that opportunity."*

*-Rep. Steven LaTourette (R-OH)*

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HON. JOHN LEWIS,
HON. AMO HOUGHTON,
the BOARD of DIRECTORS,
and the STAFF
of

## The Faith & Politics Institute

wish to express their sincere appreciation to the following organizations for their support of the Third Congressional Civil Rights Pilgrimage:

**Alabama Power Company**

**Delta Air Lines, Inc.**

**The Coca-Cola Company**

**DaimlerChrysler AG**

**Fannie Mae**

**General Motors Corporation**

**Caterpiliar Inc.**

**The Pew Charitable Trusts**

**Chamber of Commerce of the U.S.A.**

**Microsoft Corporation**

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*photos by Pam Crist from 1999 Congressional Civil Rights Pilgrimage*

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 17 AM 9:44
(Office Use Only)

(9)

MC

PETER HOEKSTRA
(Full Name)

1124 LONGWORTH HOB, WASHINGTON DC 20515 (202) 225-4401
(Mailing Address) Daytime Telephone

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives | State: MICHIGAN District: 2 | [ ] Officer or Employee Employing Office. |
| Report Type | [ ] Annual (May 15) | [ ] Amendment | [ ] Termination Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [ ] No [X] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [X] No [ ] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Peter Hoekstra | 5/17/01 |

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | NONE | | |

**For payments to charity in lieu of honoraria, use Schedule II.**

Name PETER HOEKSTRA | Page 3 of 9

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | Activity | Date | Amount |
|---|---|---|---|
| *Examples:* Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| COMMUNITY REFORMED CHURCH, HOLLAND, MI | SPEECH | OCT 8, 2000 | $50 |
| AMERICAN RENTAL ASSOCIATION, MOLINE, IL | SPEECH | MAY 9, 2000 | $500 |

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A: Asset and/or Income Source | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, | SP Mega Corp. Stock | | | | | | X | | | | | | | X | | | | | | | | | | X | | | | | | | P |
| DC, | *Examples:* Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | |
| | PERSONAL ACT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OLD KENT BANK | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | HUNTINGTON BANK | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | MACATAWA BANK | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | |
| | HERMAN MILLER INC-STOCK | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | | |
| | FEDERAL THRIFT SAVINGS | | | | | | X | | | | | | | X | | X | X | | | | | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PETER HOEKSTRA

Page 5 of 9

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IRA ACCT. - OLD KENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | BANK, HOLLAND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | GENTEX STOCK | | | | X | | | | | | | | | | | | X | | | | X | | | | | | | | | | | |
| | HERMAN MILLER STOCK | | | | X | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | |
| | HUNTINGTON BANK SHARES STOCK | | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | |
| | HOLLARD LYONS / PERSONAL IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | APA OPTICS | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |
| | BEAR STEARNS FDS | | | | X | | | | | | | | | X | | | X | | | | X | | | | | | | | | | | |
| | COMPAQ COMPUTER | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | |
| | GENTEX CORP | | | | | X | | | | | | | | X | | | X | | | | X | | | | | | | | | | | P |
| | UNION PLANTERS CORP | | | X | | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | |
| | SCHWAB CHARLES CORP | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | |
| | GROWTH FUND AMER. INC | | | | X | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | |
| | MACATAWA BANK | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | P |
| | NEW ECONOMY FUND | | | | X | | | | | | | | | X | | | X | | | | | | X | | | | | | | | | |
| | WASH. MUTUAL INV FUND INC | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | ET TECH GROWTH INC | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | |
| | HILLARD LYONS GOVT FUND | | X | | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name PETER HOEKSTRA



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10-12-00 | | X | | | | | | | | |
| JT | SOLD HERMAN MILLER INC | | X | | 12-26-00 | X | | | | | | | | | |
| | APA OPTICS | X | | | 9-21-00 | X | | | | | | | | | |
| | GENTEX CORP. | X | | | 4-18-00 | | | X | | | | | | | |
| | " " | X | | | 6-26-00 | X | | | | | | | | | |
| | " " | X | | | 7-25-00 | | X | | | | | | | | |
| | " " | X | | | 8-08-00 | | X | | | | | | | | |
| | " " | | X | | 3-20-00 | | X | | | | | | | | |
| | GROWTH FUND AMERICA | X | | | 12-19-00 | X | | | | | | | | | |
| | MACATAWA BANK CORP. | X | | | 9-1-00 | X | | | | | | | | | |
| | NEW ECONOMY FUND | X | | | 12-18-00 | X | | | | | | | | | |
| | WASH. MUTUAL INV. FUND | X | | | 12-27-00 | X | | | | | | | | | |
| | FT TECH GROWTH | | X | | 3-20-00 | | | X | | | | | | | |
| | LOT A Cimarron Dr. Holland, MI | | X | | 1-21-00 | | | X | | | | | | | |
| | LOT B " " " " | | X | | 02-00 | | | X | | | | | | | |
| | LOT C " " " " | | X | | 01-00 | | | X | | | | | | | |
| | FT 422 TECH PORT | X | | | 6-27-00 | | X | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name PETER HOEKSTRA



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | CAPITAL WORLD GROWTH | X | | | 2-4-00 | X | | | | | | | | | |
| | " " " | X | | | 12-18-00 | X | | | | | | | | | |
| | GROWTH FUND AMER. | X | | | 12-19-00 | X | | | | | | | | | |
| | NEW ECONOMY FUND | X | | | 12-18-00 | X | | | | | | | | | |
| | WASH MUTUAL INV. | X | | | 12-27-00 | X | | | | | | | | | |
| | FT 422 TECH PORT REIN | X | | | 6-27-00 | | X | | | | | | | | |

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Name PETER HOEKSTRA | Page 8 of 9

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability: B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Example:* | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | MACATAWA BANK | DEMAND LOAN | | | | X | | | | | | |
| | HUNTINGTON EQUITY CREDIT | EQUITY LINE | | X | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMDURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | AMERICAN-ISRAEL EDUCATION FOUND | JAN 9-13 | GR RAPIDS MI – TEL AVIV, ISRAEL – GR RAPIDS MI | Y | Y | Y | NONE |
| | COUN. FOR NAT'L POLICY ACTION, INC | MAR 10-12 | WASH DC – SAN FRANCISCO CA – GR RAPIDS MI | Y | Y | N | NONE |
| | CONSTITUTIONAL COALITION | MARCH 17 | WASH DC – ST LOUIS MO – GR RAPIDS MI | N | Y | N | NONE |
| | AMERICAN FOUNDRY SOCIETY | SEPT 23-25 | GR RAPIDS MI – COL SPRINGS CO – WASH. DC | Y | Y | N | NONE |
| | TECHNET, MASS.; KEANE INC. | OCT 2 | GR RAPIDS MI – BOSTON, MA – WASH DC | N | Y | N | NONE |

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(8)

HAND DELIVERED

(Office Use Only)

# UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A** For use by Members, officers, and employees



Tim Holden
(Full Name)

31 Pearl Street St. Clair, PA 17970
(Mailing Address)

(202)225-5546
Daytime Telephone:

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: PA, District: 6th | ☐ Officer Or Employee | Employing Office |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☑ No ☐ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ No ☑ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | Tim Holden | 5/15/01 |

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## SCHEDULE I - EARNED INCOME

| Name | Tim Holden | Page 2 of 8 |
|---|---|---|

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| Source | Type | Amount |
|---|---|---|
| County of Schuylkill | spouse salary | $31,083.06 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Tim Holden



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Schuylkill Federal Employees Credit Union, 724 Market Street, Pottsville, PA 17901 | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | NA |
| JT | Community Bank, 2nd and Canal Street, St. Clair, PA 17970 | $1 - $1,000 | INTEREST | $1 - $200 | NA |
| JT | M &T Bank (formerly Pennsylvania National Bank), One South Centre, Pottsville, PA 17901 | $1 - $1,000 | INTEREST | $1 - $200 | NA |
| JT | Industrial Holdings, Inc. | $1 - $1,000 | DIVIDENDS | $1 - $200 | NA |
| JT | Specialized Portfolio -- Energy Portfolio | $15,001 - $50,000 | INTEREST | $2,501 - $5,000 | NA |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Tim Holden



| BLOCK A<br>Asset and/or Income Source<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>Year-End Value of Asset<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>Type of Income<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | BLOCK D<br>Amount of Income<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>Transaction<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Windsor Stocks | $15,001 - $50,000 | DIVIDENDS | $2,501 - $5,000 | NA |
| JT | PA Tax Free Fund, Insured Long Term Bond | $1,001 - $15,000 | Other: (tax exempt income) | $1,001 - $2,500 | NA |
| JT | VMMR Prime Portfolio | $1,001 - $15,000 | INTEREST | $201 - $1,000 | NA |
| JT | VanGuard High Yeild Corporate Portfolio | $15,001 - $50,000 | INTEREST | NONE | NA |
| | Schuylkill County Employees Retirement System | None | INTEREST | $201 - $1,000 | NA |
| | Lucent Technologies | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Tim Holden



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Main Street Bankcorp, Inc. | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | NA |
| | Sovereign Bankcorp, Inc. | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | NA |
| | UIT First Trust | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | P |
| | Legg Mason Money Market Fund | $1,001 - $15,000 | DIVIDENDS | $201 - $1,000 | NA |
| | Legg Mason Focus TR, Inc. | $1,001 - $15,000 | DIVIDENDS | NONE | P |
| | Legg Mason Value Trust | $1,001 - $15,000 | CAPITAL GAINS | $201 - $1,000 | P |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Tim Holden



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Legg Mason Special Investment Trust | $1,001 - $15,000 | CAPITAL GAINS | $1 - $200 | P |
| SP | Schuylkill County Employees Retirement System | $15,001 - $50,000 | NA | NA | NA |

## SCHEDULE IV - TRANSACTIONS

Name Tim Holden



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| | Lucent Technologies | P | 12/21/00 | $1,001 - $15,000 |
| | Legg Mason Focus TR, Inc. | P | monthly | $1,001 - $15,000 |
| | Legg Mason Value Trust | P | monthly | $1,001 - $15,000 |
| | Legg Mason Special Investment Trust | P | monthly(2x in June) | $1,001 - $15,000 |
| | UIT Trust Trust | P | 5/3/00; 12/6/00 | $1,001 - $15,000 |

## SCHEDULE VIII - POSITIONS

| Name | Tim Holden | Page 8 of 8 |
|---|---|---|

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Advisory Board Member | Penn State Washington Program |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED
9
LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 5:48
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)
MC

Rush D. Holt
(Full Name)
PO Box 782 Pennington NJ 08534
(Mailing Address)
Daytime Telephone 609-737-2343

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State NJ District 12 | [ ] Officer or Employee | Employing Office |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [X] | No [ ] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [X] | No [ ] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] | No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | Rush Holt | May 15, 2001 |

| Name | Page |
|---|---|
| Rush Holt | 2 of 5 |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | Princeton Medical Center | Spouse salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| | Source | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples* | Association of American Associations, Wash., D.C | Speech | Feb. 2, 1999 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 1999 | $500 |
| | Connell Co. | Speech | 2-25-2000 | 2000 |

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Name Rush Holt | Page 4 of 9

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| BLOCK A | | Block B: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | Block C: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Block D: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP, DC, JT | SP | Mega Corp. Stock | | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | P |
| Examples: | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | | X | | |
| | | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | | First Union Bank/checking | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| JT | | Summit Bank | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | | Charter One Bank | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| JT | | Rental House 273A Penn-Rock Hill Pennington NJ | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | |
| JT | | Cong. Fed. Credit Union | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | | Summer House - Old Hawkeye Rd, Au Sable Forks NY | | | | | X | | | | | | | | X | | | | | | | | | X | | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rush Holt



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Vanguard Windsor - Retirement | | | | | X | | | | | | | | X | | | X | | | | | | | | | X | | | | | | |
| | TIAA/CREF | | | | | | X | | | | | | | X | | | X | | | | X | | | | | | | | | | | |
| | Federal Retirement | | | | X | | | | | | | | | | | | | | | | | | | | | | X | | | | | |
| | Froelich Farm Land Trust | | | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| SP | Fidelity IRA | | | | X | | | | | | | | | X | | | X | | | | X | | | | | | | | | | | |
| SP | Fidelity 403(b) | | | | | X | | | | | | | | X | | | X | | | | | | | | | X | | | | | | |
| SP | Prudential 403(b) | | | X | | | | | | | | | | X | | | X | | | | X | | | | | | | | | | | |
| SP | TIAA/CREF | | | | | | | X | | | | | | X | | | X | | | | X | | | | | | | | | | | |
| SP | Farm Share, Lancefield | | | | | | X | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | Farm Amity, Oregon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Rush Holt



| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–99 | | X | | | | | | | | |
| | NA | | | | | | | | | | | | | | |

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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Name Rush Holt



## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example:* First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | NA | | | | | | | | | | | |
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## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| NA | | |
| | | |
| | | |
| | | |
| | | |

Use additional sheets if more space is required.

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–13 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 4 Days |
| | N.Y. Stock Exchange | 1/24/00 | NJ → NYC → DC | N | Y | N | N |

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Bd of Trustees | Family and Children's Services of Catral NJ |
| Bd of Trustees | Planned Parenthood of Mercer Area |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | NA | |
| | | |
| | | |
| | | |
| | | |
| | | |

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2001 MAY 15 PM 4:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

MC

Michael M. Honda
(Full Name)

6154 Valley Glen Drive
(Mailing Address)

San Jose, CA 95123

Daytime Telephone
(202) 225-2631

| | | | | |
|---|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: CA District: 15 | [ ] Officer or Employee | Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [X] No [ ] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [X] No [ ] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [X] No [ ] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and [illegible] the best of my knowledge and belief. | Michael M. Honda | 5/14/01 |

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Name Michael M. Honda | Page 2 of 6

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of California, Sacramento, CA | Salary | $149,070 |
| | Oak Grove School District, San Jose, CA | Spouse Salary | NA |

For payments to charity in lieu of honoraria, use Schedule II.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael M. Honda

Page 3 of 6

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Block A | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Block E P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | SP Mega Corp Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| DC, JT | *Examples:* Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | X | | | | |
| | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | X | | | | | | | |
| JT | Parcel #0420271130000 Co. of San Bernardino | | | X | | | | | | | | | | | | | | | | NA | NA | | | | | | | | | | | |
| JT | Keystone/Evergreen (Small Co. Growth A) | | | X | | | | | | | | | | X | | | | | | | | | | | X | | | | | | | |
| JT | Fidelity Advisor Funds (Growth Opp. Class T) | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| JT | Fidelity Advisor Funds (Equity Growth Class T) | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | | | |
| SP | American Life Financial Ins. Co. & Annuity | | | | | X | | | | | | | | | | | | | | NA | NA | | | | | | | | | | | |
| SP | American Financial Life & Annuity Ins. Co. | | | X | | | | | | | | | | | | | | | | Unrealized Gain | | | | | X | | | | | | | |

For additional assets and unearned income, use next page.

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael M. Honda

Page 4 of 6

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | S.T.R.S. | | | | | X | | | | | | | | | | | | | | NA | | | | | | | | | | | | |
| SP | Sun Life of Canada | | | X | | | | | | | | | | | | | | | | Unrealized Gain | | | X | | | | | | | | | |
| | Sun Life of Canada | | | | X | | | | | | | | | | | | | | | Unrealized Gain | | | | X | | | | | | | | |
| | American Financial Life & Annuity Ins. Co. | | | | | X | | | | | | | | | | | | | | Unrealized Gain | | | | | X | | | | | | | |
| | S.T.R.S. | | | | | | X | | | | | | | | | | | | | NA | | | | | | | | | | | | |
| | P.E.R.S. | | | | X | | | | | | | | | | | | | | | NA | | | | | | | | | | | | |
| | International County/ City Manager's Assoc. | | | | | X | | | | | | | | | | | | | | Deferred Income | | | | | X | | | | | | | |
| | (Formerly Wells Fargo Provident Central | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Credit Union | | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | The Golden I Credit Union | | | X | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |

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## SCHEDULE IV — TRANSACTIONS

Name Michaèl M. Honda



Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | Natl. Defferred/WFB became | | N/A | | 2000 | Not Applicable | | | | | | | | | |
| | International City/County | | | | | | | | | | | | | | |
| | Manager's Association | | | | | | | | | | | | | | |

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## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Advisory Board Member | Outreach, 97 E. Brokaw, Ste. 140, San Jose, CA 95112 |
| Board Member | Citizens for Responsible & Safe Highways |
| Advisory Board Member | Ease Side Law Center, San Jose, CA |
| Advisory Committee Member | Japanese American Citizen League |
| Honorary Board Member | AAA Action Fund |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | P.E.R.S. | Retirement Plan |
| | S.T.R.S. | Retirement Plan |
| | Intl County/City Manager's Assoc. | Deferred Compensation Plan |
| | | |
| | | |
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

**FORM A**
For use by Members, officers, and employees



Darlene Hooley
(Full Name)

PO Box 565 WEST LINN OR 97068
(Mailing Address)

202-225-5711
Daytime Telephone

(Office Use Only)

| | | | |
|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives — State: OR, District: 5 | ☐ Officer Or Employee — Employing Office | **A $200 penalty shall be assessed against anyone who files more than 30 days late.** |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date: |

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☑ No ☐ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ No ☑ | IX. | Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☑ No ☐ | | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | **Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?** | Yes ☐ No ☑ |
| **Exemptions--** | **Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?** | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief | Darlene Hooley | 5/15/01 |

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## SCHEDULE I - EARNED INCOME

**Name** Darlene Hooley



**List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.**

| Source | Type | Amount |
|---|---|---|
| State of Oregon | Retirement | $32,177 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Darlene Hooley



| BLOCK A<br>Asset and/or Income Source<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>Year-End Value of Asset<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>Type of Income<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>Amount of Income<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>Transaction<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| Fidelity Investment | $15,001 - $50,000 | DIVIDENDS/INTEREST | $201 - $1,000 | |
| Portland Teachers Credit Union | $1 - $1,000 | INTEREST | $1 - $200 | |
| AETNA | $100,001 - $250,000 | Other: (Please specify) Tax Deferred Annuity | NA | |
| Westport Oil | $1,001 - $15,000 | Other: (Please specify) Royalty | $1,001 - $2,500 | |
| US Bank Trust | $1,001 - $15,000 | INTEREST | $1 - $200 | |
| PERS | None | NA | NONE | |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Darlene Hooley



| | BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| | Wright Patman Congressional Federal Credit Union | $1 - $1,000 | INTEREST | $1 - $200 | |
| | Sutro & Co. Inc: C/F IRA Rollover | $50,001 - $100,000 | INTEREST/DIVIDENDS | $2,501 - $5,000 | |
| | Sutro Savings Account | $1,001 - $15,000 | INTEREST | $201 - $1,000 | |

## SCHEDULE V - LIABILITIES

**Name** Darlene Hooley



Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| | VISA | Charge Account | $10,001 - $15,000 |
| | Portland Teachers Credit Union | Home Improvement Loan | $15,001 - $50,000 |

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000**

**FORM A**
For use by Members, officers, and employees

HAND DELIVERED

(5) LEGISLATIVE RESOURCE CENTER
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MC OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

STEPHEN HORN
(Full Name)

3944 Pine Avenue
Long Beach California 90807
(Mailing Address)

Daytime Telephone (202) 225-6676

| | | | |
|---|---|---|---|
| **Filer Status** | [X] Member of the U.S. House of Representatives | State: CA District: 38 | [ ] Officer or Employee — Employing Office: |
| **Report Type** | [X] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes [X] | No [ ] | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes [ ] | No [X] |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes [ ] | No [X] | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes [ ] | No [X] |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes [X] | No [ ] | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes [ ] | No [X] |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes [ ] | No [X] | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes [ ] | No [X] |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes [ ] | No [X] | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes [ ] | No [X] |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes [ ] | No [X] |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and | Stephen Horn | May 11, 2001 |

1957

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | State of California (Public Employees Retirement System) | pension | $53,952 (gross) |

For payments to charity in lieu of honoraria, use Schedule II.

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Name STEPHEN HORN | Page 3 of 5

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

**BLOCK A — Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

**BLOCK B — Value of Asset**

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

**BLOCK C — Type of Income**

**BLOCK D — Amount of Income**

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

**BLOCK E — Transaction**

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| | Asset and/or Income Source | Value of Asset: A None | B $1 - $1,000 | C $1,001 - $15,000 | D $15,001 - $50,000 | E $50,001 - $100,000 | F $100,001 - $250,000 | G $250,001 - $500,000 | H $500,001 - $1,000,000 | I $1,000,001 - $5,000,000 | J $5,000,001 - $25,000,000 | K $25,000,001 - $50,000,000 | L Over $50,000,000 | Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Amount of Income: I None | II $1 - $200 | III $201 - $1,000 | IV $1,001 - $2,500 | V $2,501 - $5,000 | VI $5,001 - $15,000 | VII $15,001 - $50,000 | VIII $50,001 - $100,000 | IX $100,001 - $1,000,000 | X $1,000,001 - $5,000,000 | XI Over $5,000,000 | Transaction (P, S, E) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| DC | *Examples:* Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | Salomon Smith Barney (IRA) | | | X | | | | | | | | | | X | | X | X | | | | | | X | | | | | | | | | |
| SP | Salomon Smith Barney (IRA) | | | X | | | | | | | | | | X | | X | X | | | | | | X | | | | | | | | | |
| | Shurgard IRA** | X | | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| SP | Shurgard IRA** | X | | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | |
| | ** Rolled over into Smith Barney IRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

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## SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEPHEN HORN

Page 4 of 5

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction: P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | TIAA-CREF Annuity | | | | | | | X | | | | | | | | X | | | | | NA | | | | | | | | | | | |
| | TIAA-CREF IRA | | | | | X | | | | | | | | | | X | | | | | NA | | | | | | | | | | | |
| | Pacific Life Ins. Co. | | | | | | | X | | | | | | | | X | | | | | NA | | | | | | | | | | | |
| | Sun America Life | | Rolled over into Pacific Life Ins. (annuity) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | General American Life | | Rolled over into Pacific Life Ins. (annuity) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fidelity & Guaranty | | Rolled over into Pacific Life Ins. (annuity) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Safeco Life Ins. | | Rolled over into Pacific Life Ins. (annuity) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | Bank of America savings | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| SP | Vanguard Money Market | | | X | | | | | | | | | | X | | | | | | | | | X | | | | | | | | | |
| JT | Wright Patman Cr. U. (savings) | | | X | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |
| | Boston Financial | | X | | | | | | | | | | | | | X | | | | | | X | | | | | | | | | | |

This page may be copied if more space is required.

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| Director | Kutak Foundation, Omaha, Nebraska (uncompensated) |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
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HAND DELIVERED

# UNITED STATES HOUSE OF REPRESENTATIVES
## FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000

FORM A — Page 1 of 5

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2001 MAY 15 PM 4:44

U.S. HOUSE OF REPRESENTATIVES

(5)

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1962

| | |
|---|---|
| John Nathan Hostettler (Full Name) | |
| 1507 Longworth Building Washington, DC 20515 (Mailing Address) | (202)225-4636 Daytime Telephone: |
| | (Office Use Only) |

| | | | | |
|---|---|---|---|---|
| **Filer Status** | ☑ Member of the U.S. House of Representatives | State: IN District: 08 | ☐ Officer Or Employee | Employing Office |
| **Report Type** | ☑ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

**A $200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. | Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes ☐ No ☑ | VI. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes ☐ No ☑ |
| II. | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes ☐ No ☑ | VII. | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. | Yes ☐ No ☑ |
| III. | Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes ☑ No ☐ | VIII. | Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes ☐ No ☑ |
| IV. | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes ☑ No ☐ | IX. | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes ☐ No ☑ |
| V. | Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes ☑ No ☐ | | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **Trusts-** | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ No ☑ |
| **Exemptions-** | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ No ☑ |

## CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|---|---|
| I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | John N. Hostettler | 5/15/01 |

# SCHEDULE III - ASSETS AND "U

Na John Nathan Hostettler



| BLOCK A<br>**Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | BLOCK B<br>**Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C<br>**Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income) | BLOCK D<br>**Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | BLOCK E<br>**Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
|---|---|---|---|---|---|
| JT | Boeing Co. Stock | $1 - $1,000 | DIVIDENDS | $1 - $200 | |
| JT | Edison International Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | Exxon Corp. Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | General Electric Stock | $1,001 - $15,000 | DIVIDENDS | $1 - $200 | |
| JT | RJR Stock (Split from RJR Nabisco Stock) | $1 - $1,000 | DIVIDENDS | $1 - $200 | |
| JT | Nabisco Stock (Split from RJR Nabisco Stock) | $1 - $1,000 | Other: Capital Loss | NONE | S |

# SCHEDULE III - ASSETS AND "U

Na John Nathan Hostettler



| BLOCK A | | BLOCK B | BLOCK C | BLOCK D | BLOCK E |
|---|---|---|---|---|---|
| **Asset and/or Income Source**<br>Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.<br><br>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $6,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.<br><br>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | | **Year-End Value of Asset**<br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | **Type of Income**<br>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income) | **Amount of Income**<br>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. | **Transaction**<br>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. |
| JT | Fortune Brands Stock | $1 - $1,000 | DIVIDENDS | $1 - $200 | |
| JT | Gallaher Group Stock | $1 - $1,000 | DIVIDENDS | $1 - $200 | |
| JT | Bristol Meyers Squibb Stock | $1 - $1,000 | DIVIDENDS | $1 - $200 | |
| JT | IBM Stock | $1 - $1,000 | DIVIDENDS | $1 - $200 | |
| JT | Key Corp Stock | $1 - $1,000 | DIVIDENDS | $1 - $200 | |

# SCHEDULE IV - TRANSACTIONS

Na John Nathan Hostettler



Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|---|---|---|---|---|
| JT | Nabisco Stock (Split from RJR Nabisco Stock) | S | 12-12-00 | -$12 |

# SCHEDULE V - LIABILITIES

Na John Nathan Hostettler



**Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.**

| SP, DC, JT | Creditor | Type of Liability | Amount of Liability |
|---|---|---|---|
| JT | Evansville Teachers Federal Credit Union | Visa Credit Card | $15,001 - $50,000 |
| JT | Citibank | Mastercard Credit Card | $10,001 - $15,000 |

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